

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-03-2003 90307 018 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002261

1. Entity Name

SOUTH WALTON THREE ARTS ALLIANCE, INC.



Principal Place of Business

Mailing Address

1401 E NURSERY ROAD
SANTA ROSA BEACH FL 32459

PO BOX 2042
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1466345

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WHITE, JOHNNIE R
1401 E. NURSERY RD.
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WHITE, JOHNNIE R	1401 E NURSERY ROAD	SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/>
VD	NELSON, MEG	50 GOSSAMER LN #10	SEACREST FL 32413	<input type="checkbox"/>
SD	HOWARD, JOAN	128 PELICAN BAY DR.	SANTA ROSA BCH FL 32459	<input checked="" type="checkbox"/>
T	SELLERS, NANCY	407 LAKEVIEW DRIVE	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	Meg Nelson	50 GOSSAMER LN #10	SEACREST, FL 32413	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	CHRISTINE Burroughs	P.O. Box 1665	SANTA ROSA, FL 32459	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	JASIC ARNOLD	50 GOSSAMER LN #3	SEACREST, FL 32412	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/03

850-231-4014

CR2037 (10/02)