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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004973 (1)

1. Corporation Name

FRIENDS OF THE WELLINGTON CENTER FOR THE ARTS, I
NC.

Principal Place of Business

14120 TECOMA DRIVE
WELLINGTON FL 33414

Mailing Address

14120 TECOMA DRIVE
WELLINGTON FL 33414-8648

3. Date Incorporated or Qualified
09/24/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65 06 95794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, STEPHEN R ESQ.
SUITE 1501- NATIONSBANK TOWER
1555 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MILES, MARK B
STREET ADDRESS 14120 TECOMA DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VPD ☒ DELETE

NAME SHULTS, RANDALL C DR.
STREET ADDRESS 12788 W. FOREST HILL BOULEVARD
CITY-ST-ZIP WELLINGTON FL 33414

TITLE SD ☐ DELETE

NAME MCKINLEY, VALERIE
STREET ADDRESS 1530 GRANTHAM DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TD ☐ DELETE

NAME FROELICH, JOHN F
STREET ADDRESS 12773 W. FOREST HILL BOULEVARD
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME PACE, FRANCESCO
STREET ADDRESS 14587 HALTER ROAD
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME RICHARDSON, ROBERT
STREET ADDRESS 12797 WEST FOREST HILL BOULEVARD
CITY-ST-ZIP WELLINGTON FL 33414

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

CR2E037 (9/96)