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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N96000005826 (0)**

1. Corporation Name

**DIGITAL FINE ARTISTS ASSOCIATION, INC.**

**FILED**  
97 JUN 20 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**2107 41ST STREET WEST  
BRADENTON FL 34205**

**POST OFFICE BOX 48798  
SARASOTA FL 34230-5798**

3. Date Incorporated or Qualified  
**11/12/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELCHER, SANDRA  
2107 41ST STREET WEST  
BRADENTON FL 34205**

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 ☐ DELETE  
NAME **PD**  
STREET ADDRESS **MELCHER, SANDRA**  
CITY-ST-ZIP **2107 41ST STREET WEST  
BRADENTON FL 34205**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **DAVIES, JOAN**  
1.4 CITY-ST-ZIP **5138 HARPERS CROFT  
SARASOTA, FLORIDA 34235**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **BLEWS, PETER**  
CITY-ST-ZIP **726 11TH AVENUE WEST  
PALMETTO FL 34221**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **ZUKOWSKI, KARIZU**  
CITY-ST-ZIP **4007 MINK ROAD  
SARASOTA FL 34235**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **100002220881--2**  
3.4 CITY-ST-ZIP **-06/24/97--01011--014**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **DEMERS, BARRINGTON R**  
CITY-ST-ZIP **2616 BAY DRIVE  
BRADENTON FL 34207**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ASAL, AHMAD**  
CITY-ST-ZIP **15 CROSSROADS  
SARASOTA, FL. 34239**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **N/A**  
STREET ADDRESS **BAUGHMAN, BRUCE**  
CITY-ST-ZIP **P.O. BOX 1133  
INDIAN ROCKS BEACH, FL. 34235**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)