

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600005826

Corporation Name

DIGITAL FINE ARTISTS ASSOCIATION, INC.

Principal Place of Busines
2107 41ST STREET WEST
BRADENTON FL 34205

2. Principal Place of Business

Mailing Address

2a. Mailing Address

POST OFFICE BOX 48798 SARSOTA FL 34230

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90194 020 \*\*\*\*70.00

5 3 5 5 8 2 \* 535502 - 90194 - 20 2 \*

3. Date Incorporated or Qualifed

21		26			11/12/1990			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27			65-0691281	Not Applicable		
City & Stat	0	City & State			5. Certificate of Status Desired	\$8.75 Additional		
23		28				Fee Required		
Zip	Country	Zip	Count	у	6. Election Campaign Financing	\$5.00 May Be		
24	25	29	30		Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current I	Registered Agent	8	<u> </u>	10. Name and Address of New Registered	Agent		
			l°	1 Name				
DEMERS, BARRINGTON R				82 Street Address (P.O. Box Number is Not Acceptable)				
2616 BAY DR				83				
BRADENTON FL 34207				3		J		
			8	4 City	F	85 Zip Code		
11 Durauant	to the provinces of Sections 617 0502	and 617 1508 Florida Statu	tes the abo	ve-named cor	poration submits this statement for the purpose of	of changing its registered		
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.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE  Signature, typed or printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	-		☐ Change ☐ Addition		
NAME	MELCHER, SANDRA		1.2 NAME	:				
STREET ADORESS	2107 41ST STREET WEST		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-	ST-ZIP				
TITLE	VD	DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	BLEWS, PETER		2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221		2.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	-	PD. 04	Change		
NAME	FELLNER, PETE		3.2 NAME	:	fellner, fete			
STREET ADDRESS	715 63RD AVE W		3.3 STRE	ET ADDRESS	715, 63 4 400 3/10	_		
CITY-ST-ZIP	BRADENTON FL 34207		3.4. CITY	ST-ZIP	Bradenton F1 3420	·		
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition		
NAME	DEMERS, BARRINGTON R		4. 2 NAM	E		}		
STREET ADDRESS	2616 BAY DRIVE		4.3 STRE	ET ADORESS				
CITY-ST-ZIP	BRADENTON FL 34207		4.4 CITY					
TITLE	D	☐ DELETE	5.1 TITLE	1	VD TOUGH	Change   Addition		
NAME	TRUE, JOYCE		5.2 NAME	•	Frue, Joyce 6330 Forrestor Dr Bradenton, Fl 3421			
STREET ADDRESS	6330 FORRESTER DR			ET ADDRESS	6350 L El 2421	27		
CITY-ST-ZIP	BRADENTON FL 34202		5.4 CITY					
TITLE	PD	DELETE	6.1 TITLE	1.3	Jim Cunnie	☐ Change ⚠Addition		
NAME	DAVIES, JOAN		6.2 NAM	i i	1102 Ben Franklin Di	- #5		
STREET ADDRESS				EIAUUKEGO	1102	_		
CITY+ST-ZIP	SARASOTA FL 34235		6.4 CITY	ST-ZiP	3036 3036 Barasota, Fl			

14. 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 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, with all other like empowered.

SIGNATURE:

CONTRIBE AND THE OR BRIDGED MANY OF SIGNING OFFICER OF DIRECTOR

4-30-299

CR2E037 (11/98)

53550d-40144-20 Doc#NA600005826

## Additions to Officers and Directors in 12

Title

D

Name

PC Morse

Street Address

3373 Ramblewood Place

City – State – Zip

Sarasota, FL 34237

Title

D

Name

Shirley Julien

Street Address

841 Hudson Dr

City – State – Zip

Sarasota, FL 34276

Title

D

Name

Joyce Novak

Street Address

1066 Truman St

City – State – Zip

Nokomis, FL 34275

Title

D

Name

Bruce Baughman 1695 10<sup>th</sup> St

Street Address

City - State - Zip

Sarasota, FL 34237