FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700003943

1. Corporation Name

CULTURAL ARTS RESEARCH ENSEMBLE, INC.

Principal Place of Busin	105\$
412 NORTH PINE HILLS	ROAD
ADLANDA EL 22044 -	

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

7255 HIAWASSEE OAKS DR ORLANDO FL 32818

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FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90010 042 ****61.25

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3. Date Incorporated or Qualifed

07/09/1997

59-3457738

4. FEI Number

22		27			59-34 57738		Not	Applicable
City & Sta	& State City & State				5. Certificate of Status Desired	□ . \$8	3.75 A	dditional
23		28			5. Certificate of Status Desired		Fee Rec	quired
Zip	Country	Zip	Zip Country		6. Election Campaign Financing	,\$	5.00	May Be
24	25		30		Trust Fund Contribution		Added to) Fees
Name and Address of Current Registered Agent					10. Name and Address of New	Registered Agen	<u>t</u>	
			81 1	Nam e	·			
COLEMAN, JIMMY R			82 5	Street Addre	ess (P.O. Box Number is Not Accep	table)		
7255 HIAWASSEE OAKS DR							<u> </u>	
ORLANDO FL 32811			83					
	• •		84 0	City		85	Zip C	ode
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11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-na	amed corpo	oration submits this statement for the	purpose of chang	ging its r	egistered
agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 617.0503, Flori	inonzed by the da Statutes.	corporatio	n's board of directors. Thereby acce	opt the appointmen	it as reg	Istered
SIGNATURE								
	Signature, typed or printed name of registered agen		Registered Agent sig	periuper erutanı		DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O			
TITLE	DCEO	☐ DELETE	1.1 TITLE		F 18		hange	☐ Addition
NAME	COLEMAN, JIMMY		1.2 NAME					*
STREET ADDRESS	7255 HIAWASSEE OAKS DR		1.3 STREET AD	DRESS				٠]
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CTY-ST-ZIF					
TITLE	VPD	☐ DELETÉ	2.1 TITLE				hange	☐ Addition
NAME	BECKFORD, PATRICIA		2.2 NAME					
STREET ADDRESS	1423 SERRISSAA CT		2.3 STREET ADD	DRESS				[
CITY-ST-ZIP	ORLANDO FL 32808		2.4 CITY-ST-ZI	P]
TITLE	TD	☐ DELETE	3.1 TITLE				hange	Addition
NAME	COLE, MONET		3.2 NAME					[
STREET ADDRESS	5001 FAIRBROOK PATH		3.3 STREET ADD	DRESS				
CITY-ST-ZIP	STONE MOUNTAIN GA 30058		3.4. CITY- ST- ZI	Р				
ΠΙΣ	SD	☐ DELETE	4.1 TITLE				hange	Addition
NAME	SANDERS, BONITA	•	4. 2 NAME			· .	:	d., - 4
STREET ADDRESS	4519 LENNOK AVE		4.3 STREET ADE	DRESS			1.00	85 VA
CITY-ST-ZIP	ORLANDO FL 32805		4,4 CITY-ST-ZIF	, [() () ()	
TITLE	1	☐ DELETE	5.1 TITLE				hange	Addition
NAME			5.2 NAME					, ,
STREET ADDRESS			5.3 STREET ADD	DRESS				. [
CITY-ST-ZIP	AT A SECTION OF THE S		5.4 CITY-ST-ZIP	,				ļ
TITLE	4. 34.	DELETE	6.1 TITLE			□c	hange	Addition
NAME			6.2 NAME	1				J
STREET ADDRESS			6.3 STREET ADD	ORESS				ļ
CITY-ST-ZIP		∠ 1	64 CITY-ST-ZIP	,				
	ertify that the information supplied with	this filing does not qualify for the	he exemption :	stated in Se	ection 119 07(3)(i) Florida Statutes	I further certify the	at the inf	formation

indicated on this annual report or supplemental annual reports 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 raport as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed; or on an attachment with an address, with all other like empowered.

Applied For