

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90039 048 ****61.25

DOCUMENT # N97000004950

1. Corporation Name

FROSTPROOF ART LEAGUE AND GALLERY, INC.

Principal Place of Business

12 EAST WALL STREET
FROSTPROOF FL 33843

Mailing Address

P.O. BOX 654
FROSTPROOF FL 33843
US

349622 - 90039 - 48 2 *



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

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3473603

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

9. Name and Address of Current Registered Agent

POWERS, RICHARD
12 EAST WALL STREET
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name

BOWEN, WANNIS R.

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

2266 NORTH LAKE REEDY BLVD.

83

84 City

FROSTPROOF,

FL

85 Zip Code

33843

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

Wannis R. Bowen

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

(NOTE: Registered Agent signature required when reinstating)

4-10-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **POWERS, RICHARD**
STREET ADDRESS **12 EAST WALL STREET**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ DELETE

NAME **DUNBAR, JAMES**
STREET ADDRESS **12 EAST WALL STREET**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ DELETE

NAME **SMITH, NEWELL A**
STREET ADDRESS **12 EAST WALL ST**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ DELETE

NAME **DUNBAR, GRACE**
STREET ADDRESS **12 EAST WALL STREET**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ DELETE

NAME **WILSON, PATRICIA**
STREET ADDRESS **12 EAST WALL STREET**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ DELETE

NAME **BOWEN, WANNIS**
STREET ADDRESS **12 EAST WALL ST**
CITY-ST-ZIP **FROSTPROOF FL 33843**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **SPURLOCK, DONNA**
1.3 STREET ADDRESS **2166 N. LAKE REEDY BLVD.**
1.4 CITY-ST-ZIP **FROSTPROOF, FL 33843**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DUNBAR, JAMES**
2.3 STREET ADDRESS **16 BRADFORD ST.**
2.4 CITY-ST-ZIP **FROSTPROOF, FL 33843**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SMITH, NEWELL A.**
3.3 STREET ADDRESS **324 SUNSET ROAD**
3.4 CITY-ST-ZIP **FROSTPROOF, FL 33843**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DUNBAR, GRACE**
4.3 STREET ADDRESS **16 BRADFORD ST.**
4.4 CITY-ST-ZIP **FROSTPROOF, FL 33843**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **WILSON, PATRICIA**
5.3 STREET ADDRESS **100 N. PALM AVENUE**
5.4 CITY-ST-ZIP **FROSTPROOF, FL 33843**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **BOWEN, WANNIS R.**
6.3 STREET ADDRESS **2266 N. LAKE REEDY BLVD.**
6.4 CITY-ST-ZIP **FROSTPROOF, FL 33843**

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: *JAMES DUNBAR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 941-635-7171
Date Daytime Phone #

CR2E037 (11/98)