

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90340 023 \*\*\*\*61.25

**DOCUMENT # N98000001465**

1. Entity Name  
**QUAYSIDE VISUAL ARTS ASSOCIATION, INC.**



Principal Place of Business

**QVAA, INC  
1600 N. PALAFOX ST  
PENSACOLA, FL 32501**

Mailing Address

**QVAA, INC  
1600 N. PALAFOX ST  
PENSACOLA, FL 32501**

*that are more professional  
than this!!*



01122006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3499533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CALLAWAY, MARY M  
1600 N PALAFOX ST  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
PAGE, PATRICIA  
217 NW SYRACLE DR  
PENSACOLA, FL 32507**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COBLE, DONNA  
311 S. SUNSET BLVD  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CALLAWAY, MARY M  
1600 N PALAFOX ST.  
PENSACOLA, FL 32501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TUZO, MARK  
3365 TOMPKINS ST  
PENSACOLA, FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mary M. Callaway, Treasurer 4/10/06**

Date

Daytime Phone #