

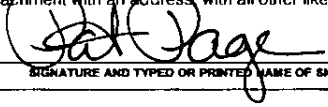


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 015 ****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	
2. Principal Place of Business - No P.O. Box # 217 N.W. Syrcle Dr. Suite, Apt. #, etc. Pensacola, FL City & State 32507 USA Zip Country		3. Mailing Address P.O. Box 12382 Suite, Apt. #, etc. Pensacola, FL City & State 32591-2382 USA Zip Country	
4. FEI Number 59-3499533		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLAWAY, MARY M 1600 N PALAFOX ST PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name Pat Page Street Address (P.O. Box Number is Not Acceptable) 217 N.W. Syrcle Drive Pensacola FL 32507 City FL Zip Code	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> 2-1-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PAGE, PATRICIA 217 NW SYRCLE DR PENSACOLA, FL 32507	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COBLE, DONNA 311 S. SUNSET BLVD GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALLAWAY, MARY M 1600 N PALAFOX ST. PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUZO, MARK 3365 TOMPKINS ST PENSACOLA, FL 32504	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Mark Tuzo 3365 Tompkins St Pensacola FL 32504	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Mark Tuzo 3365 Tompkins St Pensacola FL 32504	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PAT PAGE FEB, 1, 2007 850-293-5414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			