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 # N9800001956

ARTSPACE CENTER FOR THE ARTS, INC.

Principal Place of Business
11972 HELICON AVE.
DT CHADLOTTE EL 22001

2. Principal Place of Business

Mailing Address

11972 HELICON AVE. PT. CHARLOTTE FL 33981

2a. Mailing Address

FILED May 24, 1999 8:00 am § Secretary of State

05-24-1999 90023 013 ****61.25

564786⁴-900⁷23 - 13 6

3. Date Incorporated or Qualifed



Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Zip Country Suite, Apt. #, etc. 4. FEI Number 6. Election Campaign Financing \$5.00 May Be	21		26		04/02/1998			
Cry & State Cry & State		#, etc.			4 FEI Number	Applied For		
Coty & State State	22		27		65-0828821	Not Applicable		
20 20 30 30 30 30 30 30		10			E Codificate of Status Decired	\$8.75 Additional		
Zip Country Zip Country Zip Country 6. Election Campaign Financian S. 5.00 May Be Added to Fees S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 22. Street Address (P.O. Box Number is Not Acceptable) 22. Street Address (P.O. Box Number is Not Acceptable) 23. Zip Code 24. City FL 85 Zip Code 24. City FL 25. City 24.	23		28		5. Certificate of Status Desired	Fee Required		
So Name and Address of Current Registered Agent WELTER, PAULA E 11972 HELICON AVE. PT. CHARLOTTE FL 33981 12 Street Address (P.O. Box Number is Not Acceptable) 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 12 Street Address (P.O. Box Number is Not Acceptable) 13 Street Address (P.O. Box Number is Not Acceptable) 14 City 15 Street Address (P.O. Box Number is Not Acceptable) 15 Street Address (P.O. Box Number is Not Acceptable) 16 City 17 Fursuant to the purpose of changing its registered office or registered office or registered office or registered agent. I am antillar with, and eacept the obligation of Section 5f 500,56 Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am antillar with, and accept the obligation of Section 5f 500,56 Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am antillar with, and accept the obligation of Section 5f 500,56 Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am antillar with, and accept the obligation of Section 5f 500,56 Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am antillar with, and accept the significant requires above registered agent. I am antillar with, and accept the purpose of changing its registered agent. I am antillar with, and accept the significant requires above registered agent. I am antillar with, and accept the purpose of changing its registered agent. I am antillar with, and accept the purpose of changing its registered agent. I am antillar with, and accept the purpose of changing its		Country	Zip Cour	ntry	6. Election Campaign Financing	\$5.00 May Be		
WELTER, PAULA E 11972 HELICON AVE. PT. CHARLOTTE FL 33981 40 City FL Observations of Sections 617,0502 and 617,1508. Florida Statutes, the above-amond corporation submits this statement for the purpose of changing its 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, and amiliar with, and accept the obligations of. Section 617,0503. Florida Statutes. SIGNATURE Signature. Experie or printed reams of tregulated agent are title. Florida Statutes. NOTE Registered Agent Agent agents required after a problemant as registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes. NOTE Registered Agent Agent agents required after a problemant as registered agent agent agent agents agents agent agents agents agent agents agents agent agent agents agents agent agents agents agents agent agents agents agent agent agents agent agent agent agent agents agent agent agents agent agen	24	25	29 30		Trust Fund Contribution	Added to Fees		
WELTER, PAULA E 11972 HELICON AVE. PT. CHARLOTTE FL 33981 84 City FL 85 Zip Code 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 agent, an accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of, Section 617.0502, Florida Statutes, the accept agent agent, and accept the obligation of, Section 617.0502, Florida Statutes, the accept agent agent, and accept the obligation of, Section 617.0502, Florida Statutes, the accept agent agent, and accept the obligation of, Section 617.0502, Florida Statutes, the accept agent agent, and accept agent agent, and accept agent agent, and accept agent agent, and accept agent agent, an		9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent		
11972 HELICON AVE. PT. CHARLOTTE FL 33981 38 44 City FL 85 Zip Code 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 15. TITLE 15. TITLE				81 Name				
11972 HELICON AVE. PT. CHARLOTTE FL 33981 38 44 City FL 85 Zip Code 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 15. TITLE 15. TITLE	WEI TER	PALII A F	-	82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
PT. CHARLOTTE FL 33981 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 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, arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, byead or princip damen or inequised agent and time if applicables. NOTE: Repetited Agent signature recurred when remotating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD WELTER, CURTIS L 11972 HELICON AVE. 111972 HELICON AVE. PT. CHARLOTTE FL 33981 14 CITY-ST-2P TITLE STD DELETE 21 TITLE 22 NAWE 23 STREET ADDRESS CITY-ST-2P FT. CHARLOTTE FL 33981. 14 CITY-ST-2P TITLE VPD CRIPPS, MELISSA 13 STREET ADDRESS CITY-ST-2P TITLE ACCITY-ST-2P TITLE Change Addition Addition ACCITY-ST-2P TITLE Change Addition ACCITY-ST-2P AC				ou ou rudr				
### City FL 85 Zip Code 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 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, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.6503, Florida Statutes. ### Signature, Typed or printed name of registered agent are title if applicable. ### Signature, Typed or printed name of registered agent agent agent agent are title if applicable. ### Signature, Typed or printed name of registered agent				83				
17. 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 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, 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, or both, in the State of Florida, Statutes, 12 manual agent, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 190 DELETE 11 TITLE 11972 HELICON AVE. 113 STREET ADDRESS 114 CITY-ST-2P 11972 HELICON AVE. 12 NAWE 12 NAWE 12 NAWE 12 NAWE 13 STREET ADDRESS 12 NAWE 13 STREET ADDRESS 14 CITY-ST-2P 17 CHARLOTTE FL 33981 14 CITY-ST-2P 17 CHARLOTTE FL 33981 17 CHARLOTTE FL 33981 18 CITY-ST-2P 19 Change Addition NAME 18 STREET ADDRESS 18 S	i i. Olimi	2011212 30001	-	04 000		95 Zin Code		
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 in a familiar with, and accept the obligations of, Section 617.0503, Florida Statutory. Signature Signature, typed or protect name of registered agent and title if apolicable. NOTE Registered Agent signature required when reinstalling) DATE				84 City	FI	_ 65 Zip Code		
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 in a familiar with, and accept the obligations of, Section 617.0503, Florida Statutory. Signature Signature, typed or protect name of registered agent and title if apolicable. NOTE Registered Agent signature required when reinstalling) DATE	11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes, the ab	ove-named corpo	oration submits this statement for the purpose of	f changing its registered		
SIGNATURE Signature, hyber or printed name of ingistered agent and title if applicables. (NOTE Respotered Agent signature required when reinstalling)	office or r	registered agent, or both, in the State c	of Florida. Such change was authorized	by the corporation	in's board of directors. I hereby accept the appo	intment as registered		
12.		im ramiliar with, and accept the obligati	ions or, section 617.0503, Florida Statu	iles.				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE Structure, broad or project owns of projected agent and bits if projects by MOTE. Registered Agent signature required when reinstating) DATE							
TITLE PD DELETE 1.1 TITLE Change Addition NAME WELTER, CURTIS L 1.2 NAME 1.3 STREET ADDRESS TITLE STD DELETE 2.1 TITLE Change Addition NAME WELTER, PAULA F 2.2 NAME 2.3 STREET ADDRESS TITLE VPD DELETE 3.1 TITLE Change Addition NAME VPD DELETE 3.1 TITLE Change Addition NAME VPD DELETE 3.1 TITLE Change Addition NAME CRIPPS, MELISSA 3.2 NAME 3.2 NAME NAME CRIPPS, MELISSA 3.3 STREET ADDRESS TITLE DELETE 4.1 TITLE Change Addition NAME CRIPPS, MELISSA 3.3 STREET ADDRESS TITLE DELETE 4.1 TITLE Change Addition NAME A.2 NAME 4.2 NAME NAME STREET ADDRESS TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS TITLE DELETE S.1 TITLE Change Addition NAME S.2 NAME S.2 NAME S.2 NAME NAME S.2 NAME S.3 NAME A.4 CITY-ST-ZP TITLE DELETE S.1 TITLE Change Addition NAME S.3 STREET ADDRESS TITLE DELETE S.1 TITLE Change Addition NAME S.3 STREET ADDRESS TITLE DELETE S.1 TITLE Change Addition NAME S.3 STREET ADDRESS TITLE DELETE S.1 STREET ADDRESS TITLE DELETE S.1 STREET ADDRESS NAME S.3 STREET ADDRESS NAME S.4 CITY-ST-ZP NAME S.3 STREET ADDRESS NAME S.4 CITY-ST-ZP NAME S.3 STREET ADDRESS NAME S.4 CITY-ST-ZP NAME S.4 CITY-ST-	12.			. igon organization		ND DIRECTORS IN 12		
NAME WELTER, CURTIS L 13 13 13 13 13 13 14 14	TITLE	PD	DELETE 1.1 TIT	LE		☐ Change ☐ Addition		
11972 HELICON AVE.		1 ' =	1.2 NA	ME				
Addition Change Change Addition Change Change Addition Change Chang			1.3 ST	REET ADDRESS				
TITLE			1	İ				
NAME NELTER, PAULA F 11972 HELICON AVE. 23 STREET ADDRESS 11972 HELICON AVE. 23 STREET ADDRESS 2 4 CITY-ST-ZIP TITLE VPD	•					Change Addition		
STREET ADDRESS 11972 HELICON AVE. 23 STREET ADDRESS 24 CITY-ST-ZIP				ME				
PTCHARLOTTE FL.33981		·						
TITLE				l l				
NAME						☐ Change ☐ Addition		
10281 CHADWICK AVE. 33 STREET ADDRESS 10281 CHADWICK AVE. 33 STREET ADDRESS 51 CTY-ST-ZIP 11TLE Change Addition Ad		··· =	_	"				
STREET ADDRESS STRE				+				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME ************************************								
NAME NAME 4. 2 NAME 4. 2 NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE OCHange Addition Addition Addition Addition 6.2 NAME 6.3 STREET ADDRESS ST- ZIP 6.4 CITY- ST- ZIP		ENGLEWOOD FL 34224				Change Addition		
A3 STREET ADDRESS			-	j		_ , _		
A CITY-ST-ZIP				.				
TITLE				ļ				
NAME						☐ Change ☐ Addition		
STREET ADDRESS			_					
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Additi								
DELETE DELETE Change Addition						· ·		
1						Change Addition		
6.3 STREET ADDRESS \$7. ZIP 6.4 CITY-ST-ZIP			C beceive	-				
ST-ZIP 6.4 CITY-ST-ZIP	NAME							
U1-ZII	: MINNESS							
	ST-ZIP			 				

indicated on this annual report or supplemental annual report is true and cocurate 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.