

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90356 040 ****61.25

DOCUMENT # N98000006450

1. Entity Name

THE FUTURE ARTISTS NETWORK FOR THE PINELLAS COUNTY CENTER FOR THE ARTS AT GIBBS HIGH SCHOOL, INC



Principal Place of Business

C/O GIBBS HIGH SCHOOL
850 34TH STREET SOUTH
ST. PETERSBURG FL 33705

Mailing Address

C/O GIBBS HIGH SCHOOL
850 34TH STREET SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3704166**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALHOUN, JOHN W JR
6800 31ST AVE NORTH
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name: Mary Cleary
Street Address (P.O. Box Number is Not Acceptable)
401 La Plaza Ave. S.
City: St. Pete FL Zip Code: 33707

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

(NOTE: Registered Agent signature required when reinstating)

4/11/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, JOHN W JR	
STREET ADDRESS	6800 31ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GAIL	
STREET ADDRESS	734 3RD AVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, LANNY O	
STREET ADDRESS	6800 31ST AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLLAND, BONNIE	
STREET ADDRESS	17071 DOLPHIN DRIVE	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sandra J. WITT	
STREET ADDRESS	4221 Eagle Watch Blvd	
CITY-ST-ZIP	Palmdale, FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	Leonore E Froeschle	
STREET ADDRESS	428 monte Cristo Blvd	
CITY-ST-ZIP	Tierra Verde, FL 33715	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Cleary	
STREET ADDRESS	401 La Plaza Ave. S.	
CITY-ST-ZIP	St. Pete, FL 33707	
TITLE	Secy.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dudley, Lori Clapp	
STREET ADDRESS	1328 74th Cir NE	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	LEO FROESCHLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO FROESCHLE	
STREET ADDRESS	428 MONTE CRISTO BLVD.	
CITY-ST-ZIP	TIERRA VERDE, FL	
TITLE	SANDRA WITT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA WITT	
STREET ADDRESS	4221 Eagle Watch Blvd.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Mary Cleary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03
Date

Daytime Phone #

CR2E037 (10/02)