

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007082

FILED
Jan 06, 2004
Secretary of State**Entity Name:** CULTURAL ARTS BOARD, INC.**Current Principal Place of Business:**800 E PALMETTO STREET
LAKELAND, FL 338015529**New Principal Place of Business:****Current Mailing Address:**800 E PALMETTO STREET
LAKELAND, FL 338015529**New Mailing Address:****FEI Number:** 59-3546957**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARGER, JUDITH M
800 E. PALMETTO STREET
LAKELAND, FL 33801 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MARQUARDT, MARK
Address: 1421 E. MAIN STREET
City-St-Zip: LAKELAND, FL 33801**Title:** VPD () Delete
Name: DICKINSON, WILLIAM
Address: 1099 STATE ROAD 60 E
City-St-Zip: LAKE WALES, FL 33853**Title:** DS () Delete
Name: KAHLER, JUDY
Address: 724 S. LAKESHORE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880**Title:** TD () Delete
Name: HATTEN, WILLIAM
Address: 111 LAKE HOLLINGSWORTH DRIVE
City-St-Zip: LAKELAND, FL 33801**Title:** D () Delete
Name: STETSON, DANIEL E
Address: 800 E PALMETTO STREET
City-St-Zip: LAKELAND, FL 33801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: JARRETT, KC
Address: 1536 HOLLY ROAD
City-St-Zip: LAKELAND, FL 33801**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DPP (X) Change () Addition
Name: STETSON, DANIEL E
Address: 800 E PALMETTO STREET
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MARQUARDT

DP

01/06/2004

Electronic Signature of Signing Officer or Director

Date