


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

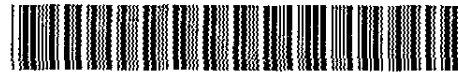
**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002391</b>	
<b>1. Entity Name</b> OLMEC CENTER FOR FINE ARTS, INC.	

<b>Principal Place of Business</b> 108 S.W. 3RD STREET FORT MEADE FL 33841	<b>Mailing Address</b> 108 S.W. 3RD STREET FORT MEADE FL 33841
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

	
MOORE	CR2E037 (11/03)
<b>4. FEI Number</b> 59-3573150	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
KING, EDWARD J 108 S.W. 3RD STREET FORT MEADE FL 33841	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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.

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> PD	<b>NAME</b> KING, EDWARD J <b>STREET ADDRESS</b> 108 S.W. 3RD STREET <b>CITY - ST - ZIP</b> FORT MEADE FL 33841
<b>TITLE</b> VPD	<b>NAME</b> KING, AFRIKA <b>STREET ADDRESS</b> 108 SW. 3RD STREET <b>CITY - ST - ZIP</b> FORT MEADE FL 33841
<b>TITLE</b> STD	<b>NAME</b> MCNAIR, JOHN <b>STREET ADDRESS</b> 1995 W. WABASH STREET <b>CITY - ST - ZIP</b> BARTOW FL 33830
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

<b>SIGNATURE:</b>  <b>EDWARD J. KING</b>	<b>2/19/04</b> <b>803 688 7376</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #