FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36758 (1)

1. Corporation Name

SOUTHERN ARTS FEDERATION, INC.

Principal Place of Business	Mailing Address
181 FOURTEENTH ST NE STE 400 ATLANTA GA 30309 US	1293 PEACHTREE STREET, N.E., SUITE 500 STE 400 ATLANTA GA 30309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 56-1129587 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 181 14TH ST NE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27 SUITE 400		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28 ATLANTA, GA		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 30309-7603 30 FULTON		

9. Name and Address of Current Registered Agent

BARKDULL, BETTIE B.
7500 OLD CUTLER ROAD
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TARLETON, BENNETT	1.2 NAME	JIM HILL	
STREET ADDRESS	320 6TH AVE NORTH STE 100	1.3 STREET ADDRESS	702 TALLAN BLDG	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	CHATTANOOGA, TN 37401-2048	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HEAD, ALBERT B.	2.2 NAME	JAN DAVIDSON	
STREET ADDRESS	ONE DEXTER AVE	2.3 STREET ADDRESS	RT1, BOX 14A	
CITY-ST-ZIP	MONTGOMERY AL	2.4 CITY-ST-ZIP	BRLESTOWN, NC 28902	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BARKDULL, BETTIE	3.2 NAME	JEFFREY DUNN	
STREET ADDRESS	7500 OLD CUTLER ROAD	3.3 STREET ADDRESS	200 W FORSYTH ST, STE 1430	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WYATT, DR JAMES LESLI	4.2 NAME		
STREET ADDRESS	109 LYCEUM, UNIV OF MISSISSIPPI	4.3 STREET ADDRESS		
CITY-ST-ZIP	UNIVERSITY MS	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HIATT, JANE C	5.2 NAME		
STREET ADDRESS	239 N LAMAR ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SILVER-PARKER, ESTHER	6.2 NAME	PHILIP SELLERS	
STREET ADDRESS	530 MEANS ST NW STE 115	6.3 STREET ADDRESS	3048 BUCKHEAD AVE	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	MONTGOMERY, AL 36106	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Hill Jim Hill April 6, 1995 (615) 756-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007167