FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mytham

FILED

Jun 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P36758

(1)

Mailing Address

SOUTHERN ARTS FEDERATION, INC.

181 FOURTEENTH ST NE STE 400 ATLANTA GA 30309 US			181 NE 14TH STE 400 ATLANTA GA US				3. Date incorporated or Qualified 12/20/1991		of Last Re 06/25/199	
2. Principal Pi	lace of Busin	ess	2a. Mailing A	2a. Mailing Address			4. FEI Number		_ 	plied For
21			26				56-1129587			Applicable
Suite, Apt. (#, etc.		—	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 At Fee Rec	
22 City & State	<u> </u>		City & St.	City & State			6. Election Campaign Financing		\$5.00	<u></u>
23	•		28	 			Trust Fund Contribution		Added to	
Zip Country			Zip				8. This corporation has liability for	intangible ta	x under s.	199.032,
24 25			29	1 - 1			Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						1 .	10. Name and Address of New Re	gistered Ag	jent	
•					81	Name				
BARKDULL, BETTIE B.					82	Street A	Address (P.O. Box Number is Not Acceptate	ole)		
	LD CUTLER				83				· 	
i . • • • • • • • • • • • • • • • • • •	GABLES FI	_ 33143								
!					84	City		FL.	85 Zip C	ode l
1 Pursuent I	to the ofovisi	ons of Sections 617	0502 and 617,1508.	lorida Statutes	the abov	e-named	corporation submits this statement for the		hanging its	s registered
1. 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
	arrammar wi	in, and accept the o	pilgations of Section	017.0000,11011	va Glatute	٥.				
SIGNATURE .	Signature, typed	or printed name of registere	d agent and title if applicable.	(NOTE:	Registered Ag	ent signature	required when reinslating)	DATE		
12.		OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	C			DELETE	1.1 TITLE		CD	E	Change	Addition
NAME	HILL, JI	M			1.2 NAME		HILL, JIM			
STREET ADDRESS		LAN BUILDING		1.3 \$1			1320 SUNSET DRIVE			ŀ
CITY-ST-ZIP	CHATT!	NOOGA TN			1.4 C TY-		SIGNAL MTN., TN 3737	7		
TITLE	VC		L	DELETE	2(1111)		VC	R	Change	Addition
NAME		ON, JAN		•	2.2 NAME		MARGARET NEWMAN			
STREET ADDRESS	RT 1 BC					T ADDRESS	4400 COLD SPRING ROAD	100		
CITY-ST-ZIP		TOWN NC		DELETÉ	2. 4 CITY- 3.1 TITLE	ST-ZIP	WINSTON-SALEM, NC 27	106	Change	Addition
TITLE	SD.		Ļ	_ DELETE	3.1 TITLE 3.2 NAME		DUNN, JEFFREY			
NAME		jeffrey Forsyth Street	T CTE 1490			T ADDRESS	•	ርጥፑ 1/	30	
STREET ADDRESS		ONVILLE FL	1, SIE 1400		3.4. CITY-		JACKSONVILLE, FL 3220)215 14	30	
CITY-ST-ZIP	T	/ITVILLE I L		DELETE	4.1 TITLE	31-511	T	<u></u>	Change	Addition
NAME	CHOKA	MER, SUSIE	•		4. 2 NAME	.	-		- •	
STREET ADDRESS		ERVAIS STREET				T ADDRESS	SURKAMER, SUSIE	*		
CITY-ST-ZIP	COLUM				4.4 CITY-		L800mGERVIScSTREET1			
TITLE	VC	DIT OU		DELETE	5.1 TITLE		AC D	X	Change	☐ Addition
NAME	, , -	ON, BENNETT			5.2 NAME		TARLETON, BENNETT			
STREET ADDRESS		MES ROBERTSON	I BLVD		5.3 STREE	T ADDRESS	401 CHARLOTTE AVE			
CITY-ST-ZIP	NASHVI				5.4 CITY-	ST-ZIP	NASHVILLE, TN 37243-0	780		
TITLE	VC		T.	DELETE	6.1 TfTLE		VC D	- - 	Change	☐ Addition
NAME	SELLER	IS, PHILIP			6.2 NAME		SELLERS, PHILLIP			
STREET ADDRESS	3048 B	ANKHEAD AVE			6.3 STREE	T ADDRESS	3048 BANKHEAD AVE			
CITY_07_7ID	MONTO	OMERY AL			64 CITY-	ST - 7IP	MONTCOMERY AT 36106			

I do 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 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.