NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90021 027 ****61.25

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DOCUMENT # P36758

1. Corporation Name
SOUTHERN ARTS FEDERATION, INC.

Principal Place of Business	Mailing Address
181 FOURTEENTH ST NE STE 400 ATLANTA GA 30309 US	181 FOURTEENTH ST NE STE 400 ATLANTA GA 30309 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1401 Peachtree St, NE	26 1401 Peachtree St, NE	12/20/1991
Suite, Apt. #, etc. 22 Suite 460	Suite, Apt. #, etc. 27 Suite 460	4. FEI Number 56-1129587 ☐ Applied For ☐ Not Applicable
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 30309 25 US	Zip / Country 29 30309 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUNN, JEFFREY D 200 W. FORSYTH STREET SUITE 1430 JACKSONVILLE FL 32202	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 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.

SIGNATURE Jeffrey Dunn, Chair 5/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	Vice Chair - Development	☒ Change ☐ Addition
NAME	HILL, JIM		1.2 NAME		
STREET ADDRESS	1320 SUNSET DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SIGNAL MTN. TN		1.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, MARGARET		2.2 NAME		
STREET ADDRESS	4400 COLD SPRING RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Chair	☒ Change ☐ Addition
NAME	DUNN, JEFFREY		3.2 NAME		
STREET ADDRESS	200 W FORSYTH STREET, STE 1430		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SURKAMER, SUSIE		4. 2 NAME		
STREET ADDRESS	1800 GERVAIS STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC		4.4 CITY-ST-ZIP		
TITLE	VCD	☒ DELETE	5.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	TARLETON, BENNETT		5.2 NAME	Anne Moore	
STREET ADDRESS	401 CHARLOTTE AVE.		5.3 STREET ADDRESS	1003 Wade Avenue	
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP	Pascagoula, MS 39567	
TITLE	VCD	☒ DELETE	6.1 TITLE	Vice Chair - Planning	☐ Change ☐ Addition
NAME	SELLERS, PHILIP		6.2 NAME	Gerri Combs	
STREET ADDRESS	3048 BANKHEAD AVE		6.3 STREET ADDRESS	31 Fountain Place	
CITY-ST-ZIP	MONTGOMERY AL		6.4 CITY-ST-ZIP	Frankfort, KY 40601-1942	

14. 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 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, with all other like empowered.

SIGNATURE: Jeffrey A. Rhodes SIGNATURE Pro Hac Vice 5/20/99 404-874-7244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)