## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P36758

FILED Jan 05, 2004 Secretary of State

Entity Name: SOUTHERN ARTS FEDERATION, INC.

Current P	rincipal Plac	e of Business:	New Principal Plac	e of Business:
	CHTREE ST N	<b>IW</b>		
STE 808 ATLANTA,	GA 30309	US		
Current M	lailing Addre	ss:	New Mailing Addre	ss:
1800 PFA0	CHTREE ST N	JW		
STE 808	GA 30309	US		
,	: 56-1129587	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Δddress of (	Current Registered Agent:	Name and Address	of New Registered Agent:
		Surrent Registered Agent.	Nume and Address	or new registered Agent.
DUNN, JE 200 W. FC	FFREY D RSYTH STRE	EET		
SUITE 143 JACKSON	30 IVILLE, FL 32	202 US		
			ournose of changing its register	ed office or registered agent, or both,
	e of Florida.	submits this statement for the p	outpose of changing its register	ed office of registered agent, or both,
SIGNATUR	RE:			
			_	-
	Electro	nic Signature of Registered Age	ent	Date
OFFICERS	Electro S AND DIREC			Date  GES TO OFFICERS AND DIRECTORS:
Γitle: √ame: ∖ddress:	S AND DIRECT T ( LOWE, TODD	CTORS: ) Delete RATE CAMPUS DR, STE 2100		
OFFICER: Title: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	T ( LOWE, TODD 9900 CORPOR LOUISVILLE, H	CTORS:  ) Delete  RATE CAMPUS DR, STE 2100 (Y 40223  ) Delete RI OADWAY	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	T ( LOWE, TODD 9900 CORPOR LOUISVILLE, F VC ( COMBS, GERI 300 WEST BR FRANKFORT,	CTORS:  ) Delete  RATE CAMPUS DR, STE 2100 (Y 40223  ) Delete RI  OADWAY (KY 40601  ) Delete (CENT DR	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition
Title: value: va	T (LOWE, TODD 9900 CORPOR LOUISVILLE, FOR COMBS, GERI 300 WEST BR FRANKFORT, VC (SHULTZ, JACK 1905 CRESCE HIAWASSEE,	CTORS:  ) Delete  RATE CAMPUS DR, STE 2100 (Y 40223  ) Delete RI OADWAY KY 40601  ) Delete (CENT DR GA 30596  ) Delete SUSIE S STREET	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition  ( ) Change ( ) Addition

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: SUSIE SURKAMER C 01/05/2004