2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# P36758

Entity Name: SOUTHERN ARTS FEDERATION, INC.

Current Principal Place of Business:

1800 PEACHTREE ST NW
STE 808
ATLANTA, GA 30309 US

New Principal Place of Business:

Current Mailing Address:

1800 PEACHTREE ST NW
STE 808
ATLANTA, GA 30309 US

New Mailing Address:

FEI Number: 56-1129587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, JEFFREY D
231 EAST ADAMS STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: RANTA, RICHARD
Address: 54 CHERRY LANE
City-St-Zip: MEMPHIS, TN 38117

Title: VC ( ) Delete
Name: COMBS, GERRI
Address: 300 WEST BROADWAY
City-St-Zip: FRANKFORT, KY 40601

Title: C ( ) Delete
Name: SHULTZ, JACK
Address: 1905 CRESCENT DR
City-St-Zip: HIAWASSEE, GA 30596

Title: VC ( ) Delete
Name: NEWMAN, MARGARET
Address: 1733 BUENA VISTA ROAD
City-St-Zip: WINSTON-SALEM, NC 27104

Title: S ( ) Delete
Name: HEDGEPETH, TIM
Address: 239 NORTH LAMAR STREET STE 207
City-St-Zip: JACKSON, MS 39201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: BREAUX, PAM
Address: PO BOX 44247
City-St-Zip: BATON ROUGE, LA 70804

Title: C (X) Change ( ) Addition
Name: NEWMAN, MARGARET
Address: 1733 BUENA VISTA ROAD
City-St-Zip: WINSTON-SALEM, NC 27104

Title: VC (X) Change ( ) Addition
Name: LOWE, TODD
Address: 9900 CORPORATE CAMPUS DR.
City-St-Zip: LOUISVILLE, KY 40223

Title: S (X) Change ( ) Addition
Name: SHANKLIN-PETERSON, SCOTT
Address: 67 SURFWATCH
City-St-Zip: KIAWAH ISLAND, SC 29455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GERALDINE COMBS ED 01/03/2006

Electronic Signature of Signing Officer or Director — Date