2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90005 030 ****61.25

DOCUMENT # P36758

1. Entity Name
SOUTHERN ARTS FEDERATION, INC.

40107621

Principal Place of Business	Mailing Address
1800 PEACHTREE ST NW STE 808 ATLANTA, GA 30309 US	1800 PEACHTREE ST NW STE 808 ATLANTA, GA 30309 US

05072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
56-1129587
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, JEFFREY
231 EAST ADAMS ST.
JACKSONVILLE, FL 32202

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RANTA, RICHARD
STREET ADDRESS	54 CHERRY LANE
CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	VC
NAME	BREAUX, PAM
STREET ADDRESS	PO BOX 44247
CITY-ST-ZIP	BATON ROUGE, LA 70804
TITLE	C
NAME	NEWMAN, MARGARET
STREET ADDRESS	1733 BUENA VISTA ROAD
CITY-ST-ZIP	WINSTON-SALEM, NC 27104
TITLE	VC
NAME	LOWE, TODD
STREET ADDRESS	9900 CORPORATE CAMPUS DR.
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	S
NAME	SHANKLIN-PETERSON, SCOTT
STREET ADDRESS	67 SURFWATCH
CITY-ST-ZIP	KIAWAH ISLAND, SC 29455
TITLE	ED
NAME	Geri Combs
STREET ADDRESS	1800 Peachtree Street NW, Suite 808
CITY-ST-ZIP	Atlanta, GA 30309

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geri Combs 5/13/08 404-874-7244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #