

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737144 (6)

1. Corporation Name
FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED



Principal Place of Business 5055 S DALE MABRY SUITE 1532 TAMPA FL 33611 US	Mailing Address P. O. BOX 11478 ST PETE FL 33733-1478 US
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3. Date Incorporated or Qualified 10/26/1976	3a. Date of Last Report 08/03/1995
4. FEI Number 51-0182663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 8128 25th Ave. No. Suite, Apt. #, etc.	2a. Mailing Address 26
22	27
23 City & State St. Petersburg, FL	28 City & State
24 Zip 33710-3630	25 Country USA
29	30

9. Name and Address of Current Registered Agent

NURMELA, RALPH M
5055 S DALE MABRY #1532
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name **Nurmela, Ralph M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
8128 25th Ave. North
 83
 84 City **St. Petersburg** FL 85 Zip Code **33710-3630**

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 617.003, Florida Statutes.

SIGNATURE *Ralph M. Nurmela* DATE **7/22/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NURMELA, RALPH M	
STREET ADDRESS	5055 S DALE MABRY #1532	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZCUY, RAY T	
STREET ADDRESS	6794 S W 94TH ST REAR	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILES, PATRICIA A	
STREET ADDRESS	1427 HARNDEN ROAD	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KREPPS, PEARL	
STREET ADDRESS	952 FRANCIS STREET	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ralph M. Nurmela	
1.3 STREET ADDRESS	8128 25th Ave. North	
1.4 CITY - ST - ZIP	St. Petersburg, Florida 33710-3630	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AZCUY, Ray T.	
2.3 STREET ADDRESS	185 NW 10th Avenue	
2.4 CITY - ST - ZIP	Pembroke Pines, FL 33028-1183	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nan Williams	
3.3 STREET ADDRESS	385 Brouse Court	
3.4 CITY - ST - ZIP	Winter Park, FL 32789-6128	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		33405
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ralph M. Nurmela* DATE **7/22/96** DAYTIME PHONE # **813-893 2933**

CR2E037 (3/96)