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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 737144

1. Corporation Name
FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Principal Place of Business
 626 LAKEHAVEN CIR
 ORLANDO FL 32828
 US

Mailing Address
 626 LAKEHAVEN CIR
 ORLANDO FL 32828
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		51-0182663	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUSAN E WEST 626 LAKEHAVEN CIR ORLANDO FL 32828				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	KREBSBACH, NANCY		1.2 NAME	Nancy Krebsbach	
STREET ADDRESS	858 PARK LAKE COURT		1.3 STREET ADDRESS	1715 Sea Shell Dr.	
CITY-ST-ZIP	ORLANDO FL 32803-3908		1.4 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	AZCUY, RAY T		2.2 NAME		
STREET ADDRESS	185 NW 164TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	SUSAN E WEST		3.2 NAME		
STREET ADDRESS	626 LAKEHAVEN CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32828		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PHYLLIS DUGGAR ALEXANDROFF		4.2 NAME		
STREET ADDRESS	2602 STAFFORD WOODS PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	SUSAN WEINSTOCK		5.2 NAME		
STREET ADDRESS	P O BOX 501 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: *[Signature]* SIGNATURE REQUIRED
 Feb 9, 1999 (407) 295-1239
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)