## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005155

Entity Name: CITIZENS FOR FLORIDA ARTS, INC.

**FILED** Apr 29, 2016 **Secretary of State** CC9170694952

## **Current Principal Place of Business:**

329 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301

## **Current Mailing Address:**

329 NORTH MERIDIAN STREET TALLAHASSEE. FL 32301 US

FEI Number: 56-2583251 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SHAUGHNESSY, SANDY 500 SOUTH BRONOUGH STREET 3RD FLOOR TALLAHASSEE, FL 32399 US

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

Officer/Director Detail:

Title Title VC

JEFFREY. DUNN Name Name JOHN, PAYSON W

Address 231 EAST ADAMS STREET Address 230 SOUTH BEACH ROAD HOBE SOUND FL 33455 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202

Title Title DIRECTOR

Name MCBRIDE, DONNA Name BARBARA, HOFFMAN

Address 1010 NORTH MACINNES PLACE Address 2036 14TH AVE

103 TAMPA FL 33602 City-State-Zip: City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR Title D JILL, SONKE Name

Name MASON, JANEEN Address POST OFFICE BOX 115900

5467 SE 51 DRIVE Address City-State-Zip: GAINESVILLE FL 32611

City-State-Zip: STUART FL 34997

**DIRECTOR** Title

Name PRITCHARD, SIBILLE

**401 SOUTH CENTRAL AVENUE** Address

City-State-Zip: OVIEDO FL 32765

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY DUNN

Electronic Signature of Signing Officer/Director Detail

**CHAIR** 

04/29/2016 Date