

**BUSINESS ENTITY REPORT**

**NAME AND PRINCIPAL OFFICE ADDRESS**

**BUSINESS ID** 194339-124  
**BUSINESS TYPE** Domestic Nonprofit Corporation  
**BUSINESS NAME** KOKOMO ART ASSOCIATION INC  
**ENTITY CREATION DATE** 03/09/1962  
**JURISDICTION OF FORMATION** Indiana  
**PRINCIPAL OFFICE ADDRESS** 525 W. Ricketts, Kokomo, IN, 46902 - 6297, USA

**YEARS FILED**

**YEARS** 2019/2020

**EFFECTIVE DATE**

**EFFECTIVE DATE** 01/11/2019  
**EFFECTIVE TIME** 1:52 PM

**REGISTERED OFFICE AND ADDRESS**

**REGISTERED AGENT TYPE** Individual  
**NAME** COLETTE INDERHEES  
**ADDRESS** 3114 Carter St S, 0, KOKOMO, IN, 46901, USA  
**SERVICE OF PROCESS EMAIL** kokomoarta@att.net

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted and is publicly viewable.

**PRINCIPAL(S)**

**TITLE** President  
**NAME** Cheryl Sullivan  
**ADDRESS** 7616 Riva Ridge Road, Kokomo, IN, 46901, USA

**TITLE** Secretary  
**NAME** Karen Taylor  
**ADDRESS** 915 E. Morgan, Kokomo, IN, 46901, USA

**TITLE** Vice President  
**NAME** Marilyn Aleman  
**ADDRESS** 3200 Orleans Dr, Kokomo, IN, 46902, USA

**TITLE** Treasurer  
**NAME** Colette Inderhees  
**ADDRESS** 3114 Carter St S, Kokomo, IN, 46901, USA

**TITLE** Treasurer  
**NAME** COLETTE Rose INDERHEES  
**ADDRESS** 3114 Carter St S, Kokomo, IN, 46901 - 0, USA

**SIGNATURE**

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **January 11, 2019**.

**SIGNATURE** COLETTE INDERHEES  
**TITLE** Treasurer

Business ID : 194339-124  
Filing No. : 8146972