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INDIANA ANNUAL REPORT OF NONPROFIT CORPORATION

State Form 2423 (R14 / 2-95)

Prescribed by Sue Anne Gilroy, Secretary of State

Corporations Division: Telephone (317) 232-8576


FILING DEADLINE: 03/31/96

INSTRUCTIONS: See reverse side

Approved by State Board of Accounts 1990

PRESORTED
FIRST CLASS MAIL
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INDIANAPOLIS, IN
PERMIT NO. 2682

4020389

This report is for filing year: 1996 Other years reported on this form:	CORPORATION NAME AND PRINCIPAL OFFICE ADDRESS	FILING FEE \$10.00
	KOKOMO ART ASSOCIATION INC	Date of incorporation/qualification 03/09/62
	P.O. BOX 6297 KOKOMO, IN 469046297	State of incorporation IN
		Federal Identification number 351422790

***** A SIGNATURE IS REQUIRED BELOW FOR THIS REPORT TO BE ACCEPTED *****

A I hereby verify, subject to penalties of perjury, that facts contained herein are true.
(Notarization not necessary)

Signature of current corporate officer (must be listed in section B or on reverse of this form)

**INDICATE NAME AND ADDRESS OF PRESIDENT / SECRETARY / OFFICER**

B List names and business addresses of the corporate directors and additional officers on the reverse side (if any)

PRESIDENT OR HIGHEST OFFICER NAME AND ADDRESS	KATHERINE LIVENGOOD 1421 W. TAYLOR STREET KOKOMO IN 46901
Indicate any changes to above officer	
SECRETARY / OFFICER NAME AND ADDRESS	MARY STUNKARD 1601 BOCA RATON DRIVE KOKOMO IN 46902
Indicate any changes to above officer	

C Complete only if change has occurred	Mailing address of principal office is now:
D If not preprinted you must complete	Name of Registered Agent / Indiana street address of Registered Office (P.O. Box will not be accepted) KATHERINE LIVENGOOD 1421 W. TAYLOR ST.. KOKOMO IN 46901

E Complete only if change of Registered Agent or Registered Office	Registered Agent of Corporation in Indiana is now: Indiana street address of Registered Agent and Registered Office is now: (must be the same Indiana address) 525 W. RICKETTS ST. KOKOMO, IN 46902
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COMPLETE REVERSE SIDE

INSTRUCTIONS: PURSUANT TO IC 23-17-27-8

1. Please complete all sections on both sides.
2. Sign section "A" on reverse side.
3. For changes in REGISTERED AGENT and REGISTERED OFFICE ADDRESS, complete section "E".
4. Make check or money order for filing fee payable to Secretary of State in the amount of \$10.00.
5. Make a photocopy of the completed form for your records and mail form before filing deadline indicated on reverse side.
6. **BEFORE THIS REPORT CAN BE ACCEPTED:**
 - a. All sections must be fully completed
 - b. Section "A" must be signed
 - c. filing fee must be enclosed
7. Send completed form and fee to:
 SECRETARY OF STATE
 P. O. BOX 5501
 INDIANAPOLIS IN 46255

NOTICE: If a nonprofit corporation has not opted into the Indiana Nonprofit Corporation Act of 1991, it is still required to submit detailed financial information with the annual report.

G. TYPE OF CORPORATION (check only one)

The corporation is a:

- ☐ public benefit corporation, which is organized for a public or charitable purpose; or
- ☐ religious corporation, which is organized primarily or exclusively for religious purposes; or
- ☒ mutual benefit corporation (all others).

H. MEMBERSHIP

Indicate if Corporation has members:

- ☒ Yes ☐ No

LIST DIRECTORS AND ADDITIONAL OFFICERS

Lynne Kasey	2510 Elaine Court	Kokomo, IN 46902	1st Vice President
John Sneed	1302 Kirk Row	Kokomo, IN 46902	2nd Vice President
Stefanie Handy	3513 Melody Lane	Kokomo, IN 46902	Treasurer
William Livengood	1421 W. Taylor St.	Kokomo IN 46901	Asst. Treasurer
Lisa Muhs	2160 W 550 N	Sharpsville, IN 46068	Asst Secretary