

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723743

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: LAS DAMAS DE ARTE, INC.

**Current Principal Place of Business:**

2633 WEST PROSPECT RD  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13988  
TAMPA, FL 33681 US

**New Mailing Address:**

FEI Number: 59-3182355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVERMAN, SCOTT T  
201 EAST KENNEDY BOULEVARD  
SUITE 800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRONSEN-CUMMINGS, KIMBERLY  
Address: 513 N. BEVERLY AVE  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: PAUL, JEANNE  
Address: 2008 CHELAM WAY  
City-St-Zip: BRANDON, FL 33511

Title: TD ( ) Delete  
Name: BEVER, LINDA  
Address: 2633 WEST PROSPECT RD  
City-St-Zip: TAMPA, FL 33629

Title: RS ( ) Delete  
Name: BONNEY, LIZ  
Address: 2719 W JETTON AVE  
City-St-Zip: TAMPA, FL 33629

Title: CS ( ) Delete  
Name: JOHNSON, MARIA  
Address: 160 CULBREATH ISLES DR. S.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: CLAYTON, CATHY  
Address: 4203 W. CULBREATH AVE  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOWELL, JOYCE  
Address: 2933 W. COACHMAN AVE.  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: RS (X) Change ( ) Addition  
Name: GAVER, KAY  
Address: 10107 MOWRY LANE  
City-St-Zip: TAMPA, FL 33623

Title: CS (X) Change ( ) Addition  
Name: BENJAMIN, PAT  
Address: 926 E. SHADOWLAWN AVE,  
City-St-Zip: TAMPA, FL 3360

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA BEVER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/07/2009

\_\_\_\_\_  
Date