2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90057 039 ****61.25

DOCUMENT # 762671

1. Entity Name
ENGLEWOOD ART CENTER, INC.

Principal Place of Business	Mailing Address
350 SOUTH MCCALL ROAD ENGLEWOOD, FL 34223	350 SOUTH MCCALL ROAD ENGLEWOOD, FL 34223

03292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2274745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNKIN, DAVID 170 W DEARBORN ENGLWOOD, FL 34223	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Date

Filing Fee is $61.25
Due by May 1, 2007

9. Elector Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD JANNOSKI, WENDY 1451 LEMON BAY DR. ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T/D Don Bastik 1891 Englewood Rd #110 Englewood, FL 34223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD PARIOS, RACHEL 40 RUNKER CIRCLE ROTONDA WEST, FL 33947	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D Cecilia Kueltzo 1490 Roosevelt Dr. Venice, FL 34293 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD MINES, GLENNA 203 ROTONDA CIRCLE ROTONDA WEST, FL 33947	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/D Mary Ann Burke 10503 Aztec Rd Port Charlotte, FL 33981 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD PISTONE, DELORES 10194 QUIMPE AVE ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Bob Colby 5007 Kingsman Ave. North Port, FL 34288 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD WHITMAN, CORLEEN 8 SPORTSMAN RD ROTONDA FL 33947	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecilia A Kueltzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date