

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003618

FILED
Jul 29, 2008
Secretary of State

Entity Name: ENRICHMENT THROUGH THE ARTS, INC.

Current Principal Place of Business:

11 BORMAN AVENUE
STATEN ISLAND, NY 10314

New Principal Place of Business:

Current Mailing Address:

11 BORMAN AVENUE
STATEN ISLAND, NY 10314

New Mailing Address:

FEI Number: 11-3051230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHNEIDER, JUDY
572 DURHAM T
DEERFIELD BEACH, FL 33442 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: D () Delete
Name: SCHNEIDER, JUDY
Address: 72 GOVERNOR RD
City-St-Zip: STATEN ISLAND, NY 10314

Title: D () Delete
Name: HARTJE, MAUREEN
Address: 87 NEWTON ST
City-St-Zip: STATEN ISLAND, NY 10312

Title: P () Delete
Name: SCHNEIDER, TED
Address: 240 ELVERTON AVE
City-St-Zip: STATEN ISLAND, NY 10308

Title: VP () Delete
Name: LILENFELD, ALLAN
Address: 6331 S.W. 186TH WAY
City-St-Zip: SOUTHWEST RANCHES, FL

Title: S () Delete
Name: HOTTA, SHUSAK
Address: 140 WILSON AVE
City-St-Zip: STATEN ISLAND, NY 10308

Title: T () Delete
Name: WALTER, CLIFFORD
Address: 248 ELVERTON AVENUE
City-St-Zip: STATEN ISLAND, NY 10308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: HARTJE, MAUREEN
Address: 87 NEWTON ST
City-St-Zip: STATEN ISLAND, NY 10312

Title: OFF. (X) Change () Addition
Name: SCHNEICER, JUDY
Address: 572 DURHAM T
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PRES (X) Change () Addition
Name: SCHNEIDER, TED
Address: 572 DURHAM T
City-St-Zip: DEERFIELD BEACH, FL 33442

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

Title: SECT (X) Change () Addition
Name: HOTTA, SHUSAK
Address: 140 WILSON AVE
City-St-Zip: STATEN ISLAND, NY 10308

Title: TREA (X) Change () Addition
Name: WALTER, CLIFFORD
Address: 248 ELVERTON AVENUE
City-St-Zip: STATEN ISLAND, NY 10308

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: MAUREEN HARTJE

Electronic Signature of Signing Officer or Director

DIR.

07/29/2008

_____ Date