2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F06000003618

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 ( )**

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:	DIR	( ) Delete
Name:	HARTJE, MAUREEN	
Address:	87 NEWTON ST	
City-St-Zip:	STATEN ISLAND, NY 10312	
Title:	OFF.	(X) Delete
Name:	SCHNEICER, JUDY	
Address:	572 DURHAM T	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	PRES	( ) Delete
Name:	SCHNEIDER, TED	
Address:	572 DURHAM T	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	VP	( ) Delete
Name:	LILENFELD, ALLAN	
Address:	6331 S.W. 186TH WAY	
City-St-Zip:	SOUTHWEST RANCHES, FL	
Title:	SECT	( ) Delete
Name:	HOTTA, SHUSAK	
Address:	140 WILSON AVE	
City-St-Zip:	STATEN ISLAND, NY 10308	
Title:	TREA	( ) Delete
Name:	WALTER, CLIFFORD	
Address:	248 ELVERTON AVENUE	
City-St-Zip:	STATEN ISLAND, NY 10308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MAUREEN HARTJE DIR. 04/14/2009

Electronic Signature of Signing Officer or Director — Date