2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000005249

Entity Name: INDUSTRIAL ARTS CENTER, INC.

Current Principal Place of Business:

2902A BEACH BOULEVARD SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

PO BOX 5163
GULFPORT, FL 33737

New Mailing Address:

FEI Number: 20-4936326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEATON, KAREN S
2816 BEACH BOULEVARD
ST. PETERSBURG, FL 33707 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: PD ( ) Delete
Name: SEVERTSON, THERESA
Address: 3701 36TH ST N
City-St-Zip: ST PETERSBURG, FL 33713

Title: SETR ( ) Delete
Name: DIVENUTI, LYNN
Address: 826 DARTMOOR ST
City-St-Zip: ST PETERSBURG, FL 33701

Title: ED ( ) Delete
Name: OATLEY, AMY
Address: 5137 29TH AVE S
City-St-Zip: GULFPORT, FL 33707

Title: DIR (X) Delete
Name: CHRISTOPHER, ROSS
Address: 2900 BEACH BLVD SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: DIR (X) Delete
Name: BALLARD, JACKIE
Address: 2900 BEACH BLVD SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIVENUTI, LYNN
Address: 826 DARTMOOR ST
City-St-Zip: ST PETERSBURG, FL 33701

Title: DIR (X) Change ( ) Addition
Name: JACKIE, BALLARD
Address: 2900 BEACH BLVD SOUTH
City-St-Zip: GULFPORT, FL 33707

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: AMY OATLEY ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date