2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N17967

1. Entity Name
VSA ARTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3500 E FLETCHER AVENUE SUITE 234 TAMPA, FL 33613 US	3500 E FLETCHER AVENUE SUITE 234 TAMPA, FL 33613 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2758321
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOFFITT, KAREN PHD
3500 E FLETCHER AVENUE
SUITE 225
TAMPA, FL 33613

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARY, PALMER DIRECTO
STREET ADDRESS	11410 SWIFT WATER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VP
NAME	WADE, WETHERIMGTON
STREET ADDRESS	2625 PARK TOWER, 400 N. TAMPA STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	ST
NAME	HOPE, MCMATH
STREET ADDRESS	829 RIVERSIDE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	TREA
NAME	GAYLA, RUSSELL B
STREET ADDRESS	35 DAVIS BLVD.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MOFFITT, KAREN PHD
STREET ADDRESS	3500 E FLETHCHER, SUITE 225
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/20/06-80069-019 61.25

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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: _____ 1-12-06 (813) 975-685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #