2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N17967

Entity Name: VSA ARTS OF FLORIDA, INC.

Current Principal Place of Business:

3500 E FLETCHER AVENUE
SUITE 234
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

3500 E FLETCHER AVENUE
SUITE 234
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-2758321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOFFITT, KAREN PHD
3500 E FLETCHER AVENUE
SUITE 225
TAMPA, FL 33613 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: WETHERINGTON, WADE
Address: 1010 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33672

Title: VP ( ) Delete
Name: SROKA, SANDY
Address: 601 EAST KENNEDY BOULEVARD
City-St-Zip: TAMPA, FL 33602

Title: ST ( ) Delete
Name: MCMATH, HOPE
Address: 829 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: TREA ( ) Delete
Name: RUSSELL, GAYLA B
Address: 35 DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: MOFFITT, KAREN PHD
Address: 3500 E FLETHCHER, SUITE 225
City-St-Zip: TAMPA, FL 33613

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: D (X) Change ( ) Addition
Name: MOFFITT, KAREN PHD
Address: 3500 E FLETCHER, SUITE 225
City-St-Zip: TAMPA, FL 33613

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: KAREN MOFFITT D 01/09/2009

Electronic Signature of Signing Officer or Director — Date