## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27212

P CH

DICKEY, DONNA

TZIKAS, LILI

2010 NW 150 AVE

10442 SW 16 MANOR

GOODMAN, MICHAEL

**DAVIE, FL 33324** 

( ) Delete

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() Delete

5310 NW 33 AVE, SUITE 218

FT LAUDERDALE, FL 33309

PEMBROKE PINES, FL 33028

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: ARTSERVE, INC.

FILED Jan 23, 2009 Secretary of State

P-CH

DICKEY, DONNA

2010 NW 150 AVE

MILROY, MELLISSA

GOODMAN, MICHAEL

PEMBROKE PINES, FL 33028

2414 EAST SUNRISE BLVD

FT LAUDERDALE, FL 33304

FT LAUDERDALE, FL 33309

(X) Change ( ) Addition

(X) Change ( ) Addition

(X) Change ( ) Addition

701 WEST CYPRESS CREEK RD,#204

Current Principal Place of Business:		New Principal Place of Business:		
SUITE 100	INRISE BLVD. ) ERDALE, FL 33304 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
SUITE 100	INRISE BLVD. ) ERDALE, FL 33304 US			
FEI Number	: 65-0058919 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
KOHLER, MAUREEN PRES 1350 E SUNRISE BLVD 100 FORT LAUDERDALE, FL 33304 US				
	named entity submits this statement for the $\mathfrak p$ e of Florida.	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V CH () Delete FRANK, TERRY 2100 W CYPRESS CREEK BLVD FT LAUDERDALE, FL 33309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PRES () Delete KOHLER, MAUREEN 1350 E SUNRISE BLVD FORT LAUDERDALE, FL 33304	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete TIEDJE, CHRISTOPHER 200 E LAS OLAS BLVD FORT LAUDERDALE. FL 33301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MAUREEN KOHLER **PRES** 01/23/2009