

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41277

FILED
Jan 22, 2006
Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

PO BOX 2540
29 JOLLY ROGER DR.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2540
KEY LARGO, FL 330371532 US

New Mailing Address:

FEI Number: 65-0230427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, ROBERT W. ESQUIRE
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146 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: D () Delete
Name: BALLARD, BROWNIE
Address: 29 JOLLY ROGER DR
City-St-Zip: KEY LARGO, FL 33037

Title: C () Delete
Name: MIDDLETON, BEVERLY,
Address: 233 BUTTONWOOD DR.
City-St-Zip: KEY LARGO, FL 33037

Title: DS () Delete
Name: LLOYD, LINDA,
Address: 80100 OLD HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: JELSEMA, JACK
Address: 19 JOLLY ROGER DR
City-St-Zip: KEY LARGO, FL 33037

Title: BD () Delete
Name: GORDON, SUSIE
Address: 1 HARBOR SHORE
City-St-Zip: KEY LARGO, FL 33037

Title: BC (X) Delete
Name: LOUNSBURY, PAULA
Address: 21980 SW 154 AVE
City-St-Zip: MIAMI, FL 33170

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
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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 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: BROWNIE BALLARD

DIR

01/22/2006

Electronic Signature of Signing Officer or Director

Date