2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# N50867

Entity Name: FLORIDA ARTS & COMMUNITY ENRICHMENT, INC.

Current Principal Place of Business:

325 W PARK AVENUE
TALLAHASSE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15134
325 W PARK AVE
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3152491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, ROBERT AUGUSTUS JR
325 W PARK AVENUE
TALLAHASSEE, FL 32301 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: HENLEY, STEVEN
Address: 508 GLENVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: BENTON, ROBERT
Address: 1404 GOLF TERRACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: MCRORIE, SALLY
Address: FSU 126 CARUTHERS BLDG
City-St-Zip: TALLAHASSEE, FL 32306

Title: T ( ) Delete
Name: WARREN, THOMAS
Address: 2057 FLORIDA AVE
City-St-Zip: TALLAHASSEE, FL 32303

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN HENLEY PD 02/22/2005

Electronic Signature of Signing Officer or Director — Date