2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# N97000002222

Entity Name: SEMINOLE CULTURAL ARTS THEATRE, INC.

Current Principal Place of Business:

25 WEST MOWRY DRIVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

25 WEST MOWRY DRIVE
CULTURAL ANNEX
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0757037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAY, FRANK R
122 CAMILO AVENUE
MIAMI, FL 33134 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: VPD ( ) Delete
Name: GONZALEZ, CHARLES
Address: 27050 SW 189 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

Title: TD ( ) Delete
Name: SCHUMACHER, BERNARD
Address: 1200 NW 4TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD ( ) Delete
Name: FAGAN, LINDA
Address: 17305 SW 300TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete
Name: SMITH, JUANITA
Address: 706 NW 3RD ST
City-St-Zip: FLORIDA CITY, FL 33034

Title: PD ( ) Delete
Name: MAY, FRANK R
Address: 122 CAMILO AVENUE
City-St-Zip: MIAMI, FL 33134

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANK R. MAY PD 07/15/2009
Electronic Signature of Signing Officer or Director — Date