

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004861

FILED
Apr 22, 2010
Secretary of State

Entity Name: CITY KIDS ART FACTORY, INC.

Current Principal Place of Business:

1801 N MYRTLE AVE
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

3832-010 BAY MEADOWS ROAD
PMB 370
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3638295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OWENS, GREGORY
4873 JAYBIRD CIRCLE, N
JACKSONVILLE, FL 32257 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: T
Name: RODRIGUEZ, ELIZABETH
Address: 5351 TROUT RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: P
Name: OWENS, GREGORY
Address: 4873 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: LANDRY, KAREN
Address: 5196 - A NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: TAYLOR-SCALES, MADELINE
Address: 7047 CYPRESS BRIDGE DR S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: BROUGHTON, CAROLYN M
Address: 117 WEST DUVAL STREET, SUITE 305
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: KNOWLES, BERDALL
Address: 21 W CHURCH ST, T-16
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH S. RODRIGUEZ

TREA

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date