

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142485

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTER FOR FINE ARTS EDUCATION, INC.

Current Principal Place of Business:

402 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323012757

New Principal Place of Business:

Current Mailing Address:

402 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323012757

New Mailing Address:

FEI Number: 20-3566980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JAMES T
402 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323012757 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOWES, FRANK R
Address: 5909 DEER FLAG DRIVE
City-St-Zip: LAKELAND, FL 338112078

Title: D () Delete
Name: REYNOLDS, JEANNE W
Address: 2164 HARTFORD WAY
City-St-Zip: CLEARWATER, FL 33763

Title: P/D () Delete
Name: PERRY, JAMES T
Address: 402 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 323012757

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA ANDERSON

DIR.

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date