## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 763627** 

FILED Sep 06, 2006 Secretary of State

Entity Name: ART CENTER SARASOTA, INC.

US

Current Principal Place of Business: New Principal Place of Business:

707 N. TAMIAMI TRAIL SARASOTA, FL 34236 US

Current Mailing Address: New Mailing Address:

707 N. TAMIAMI TRAIL SARASOTA, FL 34236

FEI Number: 59-0706844 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLOAN, ALAN

3646 TORREY PINES BLVD.

BRADENTON, FL 34238 US

HARMAN, WM JAMES PRES
707 N. TAMIAMI TRAIL
SARASOTA, FL 34236 US

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: WM. JAMES HARMAN 09/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP () Delete
 Title:
 VP (X) Change () Addition

 Name:
 WATANABE, SCOTT
 Name:
 SMILEY, JANE

 Address:
 6812 WASHINGTON PLACE
 Address:
 700 JOHN RINGLING BLVD E-103

 City-St-Zip:
 BRADENTON, FL 34207 US
 City-St-Zip:
 SARASOTA, FL 34236 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: SURKIS, WENDY Name: JACKSON, GARRY

Name: SURKIS, WENDY Name: JACKSON, GARRY
Address: 7857 MIDNIGHT PASS RD Address: 2311 HARBOUR OAKS DR
City-St-Zip: SARASOTA, FL 34242 US City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: S () Delete Title: () Change () Addition

 Name:
 MCDONALD, KATHLEEN
 Name:

 Address:
 800 BLUE CRANE DRIVE
 Address:

 City-St-Zip:
 VENICE, FL 34292 US
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VAN RIPER, ELIZABETH
 Name:

 Address:
 3921 RED ROCK WAY
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 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: WM. JAMES HARMAN PRES 09/06/2006