2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005200

1. Entity Name
THE INTER-NATIONAL FOUNDATION FOR THE LIVING ARTS, INC.

Principal Place of Business	Mailing Address
11801 NE 11TH PLACE SUITE B MIAMI, FL 33161 US	PO BOX 61-2676 NORTH MIAMI, FL 33261 US

02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0660448
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DARBY, HAYES
11801 NE 11TH PLACE
SUITE B
NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	HAYES, DARBY
STREET ADDRESS	11801 NE 11TH PLACE, SUITE B
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	D
NAME	BRENDA ASTOR
STREET ADDRESS	1001 SW 128 TERRACE, B108
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	D
NAME	PEGGY KENNEY
STREET ADDRESS	186 PEBBLE SHORE DRIVE, #201
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000633359
02/21/07-80059-003 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darby Hayes 2-7-07 305.899.5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #