

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00528

FILED
Feb 24, 2007
Secretary of State

Entity Name: HERITAGE ARTS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

724 E. MERIDIAN AVE.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P O BOX 1131
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 59-2382961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, BARRY
33245 OHIO AVE
RIDGE MANOR, FL 33523 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: PD () Delete
Name: FRIEDMAN, BARBARA
Address: 11940 JOSTAMERE LANE
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: NOBLITT, SUSAN
Address: 37104 HIGHLANDS CT.
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: WORTHY, JACQUELINE
Address: PO BOX 695
City-St-Zip: DADE CITY, FL 33526

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 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: JACQUELINE WORTHY

TR

02/24/2007

Electronic Signature of Signing Officer or Director

Date