

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005200

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



Principal Place of Business
11801 NE 11TH PLACE
SUITE B
MIAMI, FL 33161 US

Mailing Address
PO BOX 61-2676
NORTH MIAMI, FL 33261 US

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0660448

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature typed or printed name of registered agent and site if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
HAYES, DARBY
11801 NE 11TH PLACE, SUITE B
NORTH MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRENDA ASTOR
1001 SW 128 TERRACE, B108
PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEGGY KENNEY
186 PEBBLE SHORE DRIVE, #201
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000955059
07/16/08-80001-011 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08

Date

305.899.5044

Daytime Phone #