2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N00000004294

Entity Name: MULTI EDUCATIONAL CULTURAL CENTER OF THE ARTS, INC.

Current Principal Place of Business:

1610 N. HAYNE ST.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

1610 N. HAYNE ST.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3658065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SABREE, RACHEL M
1610 N. HAYNE ST.
PENSACOLA, FL 32503 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: D ( ) Delete
Name: SABREE, RACHEL M EXE DIR
Address: 1610 N. HAYNE ST.
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: MCKINNON, LEE O D DIR
Address: 1404 N. HAYNES ST.
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: JONES, DIANE EX SEC
Address: 204 EMERALD AVE
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: MCKINNON, ANDREW G A PM
Address: 1417 ALCOVY DR
City-St-Zip: LAWRENCEVILLE, GA 30045

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:

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

SIGNATURE: LEE O. MCKINNON MR. 05/07/2009

Electronic Signature of Signing Officer or Director — Date