

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005200

FILED
Apr 25, 2009
Secretary of State

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

Current Principal Place of Business:

11801 NE 11TH PLACE
SUITE B
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 61-2676
NORTH MIAMI, FL 33261 US

New Mailing Address:

FEI Number: 65-0660448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: HAYES, DARBY
Address: 11801 NE 11TH PLACE, SUITE B
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: BRENDA ASTOR
Address: 1001 SW 128 TERRACE, B108
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: PEGGY KENNEY
Address: 186 PEBBLE SHORE DRIVE, #201
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ASTOR, BRENDA
Address: 1001 SW 128 TERRACE, B108
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Change () Addition
Name: KENNEY, PEGGY
Address: 16925 RUSSIAN HILL
City-St-Zip: RAINIER, WA 98576

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: DARBY HAYES

PTSD

04/25/2009

Electronic Signature of Signing Officer or Director

Date