Current Principal Place of Business: CC0470288264 1610 N. HAYNE ST. PENSACOLA, FL 32503					
Current Mail	ling Address:				
1610 N. HAY PENSACOLA	NE ST. A, FL 32503				
FEI Number	: 59-3658065		Certificate of Status Desired: Yes	S	
Name and A	ddress of Current Registered Agent:				
SABREE, RACHEL M EXE DIR 1610 N. HAYNE ST. PENSACOLA, FL 32503 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	RACHEL M. SABREE I		04/05/2		
	Electronic Signature of Registered Agent		Date	•	
Officer/Director Detail :					
Title	D	Title	D		
Name	SABREE, RACHEL MEXE DIR	Name	DIALLO, PASHA SD DIR		
Address	1610 N. HAYNE ST.	Address	717 WEST KINGSWAY		
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	ESSEX MD 21220		
Title	D	Title	D		
Name	FERNANDEZ, AMIN AEX SEC	Name	FRANCE, NADIRA ATREAS		
Address	1610 B NORTH HAYNE ST	Address	717 WEST KINGSWAY		
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	ESSEX MD 21220		
Title	D	Title	D		
Name	CANADA, LAMONT DDS ADV	Name	MCKINNON, LEE O.		
Address	2401 EXECUTIVE PLAZA DRIVE	Address	2180 PLEASANT HILL RD SUITE A- 5,PMB		
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	DULUTH GA 30096		
Title	DIRECTOR	Title	DIRECTOR		
Name	HARRIS, RAY-PAULA	Name	MABRY, PREZEL		
Address	P.O. BOX 842	Address	#9 HICKORY RIDGE CT.		
City-State-Zip:	CORDOVA TN 38088	City-State-Zip:	CATONVILLE MD 21228		

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: RACHEL M. SABREE

Electronic Signature of Signing Officer/Director Detail

04/05/2016 EXECUTIVE DIRECTOR

Date

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000004294

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

FILED Apr 05, 2016 **Secretary of State**

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MABRY, CHRYSTAL LYNN
Address	5124 YELLOWWOOD AVENUE
City-State-Zip:	BALTIMORE MD 21209