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: JIM B BROWN

Electronic Signature of Signing Officer/Director Detail

Title Nan VΕ Add City Title TREASURER Name **BROWN, JIM BURTON**

Off

Address City-State-Zip:

SIGNATUR	≣:		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PD	Title	ТD
Name	LARUE, DEBORAH	Name	HILL, JOE
Address	34343 MISSION VALLEY DRIVE	Address	12700 GRAND TRAVERSE DRIVE
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33525

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.

Current Mailing Address:

37149 FLORIDA AVE. DADE CITY, FL 33525

DOCUMENT# N00528

P O BOX 1131 DADE CITY, FL 33526 US

Current Principal Place of Business:

FEI Number: 59-2382961

Name and Address of Current Registered Agent:

32933 ESTATE GARDEN DR.

WESLEY CHAPEL FL 33545

LYNCH, BARRY 33245 OHIO AVE RIDGE MANOR, FL 33523 US

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HERITAGE ARTS CENTER ASSOCIATION, INC.

FILED Feb 07, 2017 Secretary of State CC6947332632

Certificate of Status Desired: No

TREASURER

Date

Date

02/07/2017