2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004416

Entity Name: ARTS FOR LEARNING/MIAMI, INC.

Current Principal Place of Business:

404 NW 26 ST MIAMI, FL 33127

Current Mailing Address:

404 NW 26 ST MIAMI, FL 33127

FEI Number: 65-1141598

Name and Address of Current Registered Agent:

WOMBLE, SHEILA 404 NW 26 ST MIAMI, FL 33127 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Omeenblice			
Title	DIRECTOR	Title	DIRECTOR
Name	LEWIS, DANIEL	Name	DE VRIES ASHLEY, DIANE
Address	404 NW 26 ST	Address	404 NW 26 ST
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	DIRECTOR	Title	MGR
Name	HEARN, ANTHONY	Name	WOMBLE, SHEILA
Address	404 NW 26 ST	Address	404 NW 26 ST
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	PRESIDENT	Title	SECRETARY
Title Name	PRESIDENT ISSA, N. ABRAHAM	Title Name	SECRETARY ELLIOTT, BROOKE
	-		
Name	ISSA, N. ABRAHAM	Name	ELLIOTT, BROOKE
Name Address City-State-Zip:	ISSA, N. ABRAHAM 404 NW 26 ST MIAMI FL 33127	Name Address City-State-Zip:	ELLIOTT, BROOKE 404 NW 26 ST MIAMI FL 33127
Name Address	ISSA, N. ABRAHAM 404 NW 26 ST	Name Address City-State-Zip: Title	ELLIOTT, BROOKE 404 NW 26 ST MIAMI FL 33127 TREASURER
Name Address City-State-Zip:	ISSA, N. ABRAHAM 404 NW 26 ST MIAMI FL 33127	Name Address City-State-Zip:	ELLIOTT, BROOKE 404 NW 26 ST MIAMI FL 33127
Name Address City-State-Zip: Title	ISSA, N. ABRAHAM 404 NW 26 ST MIAMI FL 33127 DIRECTOR	Name Address City-State-Zip: Title	ELLIOTT, BROOKE 404 NW 26 ST MIAMI FL 33127 TREASURER
Name Address City-State-Zip: Title Name	ISSA, N. ABRAHAM 404 NW 26 ST MIAMI FL 33127 DIRECTOR FULLER, JOSH	Name Address City-State-Zip: Title Name	ELLIOTT, BROOKE 404 NW 26 ST MIAMI FL 33127 TREASURER HARRISON, CHRISTIAN

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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: SHEILA WOMBLE

EXECUTIVE DIRECTOR 04/01/2020

Electronic Signature of Signing Officer/Director Detail

FILED Apr 01, 2020 Secretary of State 6639354001CC

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	FIGUEROA, SAMMY	Name	MILLS, JANINE
Address	404 NW 26 ST	Address	404 NW 26 ST
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	VP	Title	DIRECTOR
Title Name	VP GLYNN, BRENDAN	Title Name	DIRECTOR CORPION, KRISTEN
Name	GLYNN, BRENDAN	Name	CORPION, KRISTEN