

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006792

Entity Name: ART BOUNDARIES UNLIMITED, INC.

Current Principal Place of Business:

44 ABACUS AVE
ORMOND BEACH, FL 32174

Current Mailing Address:

2020 12TH STREET NW
T-16
WASHINGTON, DC 20009 US

FEI Number: 01-0751582

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PHYLLIS, LEVEILLE
395 BILL FRANCE BLVD
APT 21
DAYTONA BEACH, FL 32114 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: PHYLLIS LEVEILLE

01/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name AUSTAD, SUSAN
Address 101 PRINCE STREET
City-State-Zip: NEW YORK NY 10012

Title PRESIDENT, TREASURER
Name DIEHL, JOHN RICHARD JR.
Address 1078 W SUMMERFIELD GLENN CIR
City-State-Zip: ANN ARBOR MI 48103

Title D
Name EDWARDS, MICHAEL J
Address 4225 WOODHALL CIRCLE
City-State-Zip: VIERA FL 32955

Title SECRETARY
Name GONZALEZ, ANITA
Address 1078 W SUMMERFIELD GLENN CIR
City-State-Zip: ANN ARBOR MI 48103

Title VP
Name EL HILALI, XOCHINA
Address 2339 JEFFERSON AVE
City-State-Zip: BERKELEY CA 94703

Title OFFICER
Name BROWN, SHAKA GONZALEZ
Address 2715 18TH STREET NE
City-State-Zip: WASHINGTON DC 20018

Title OFFICER
Name DIEHL, JONATHAN SHOULBERT
Address 395 BILL FRANCE BLVD
APT 21
City-State-Zip: DAYTONA BEACH FL 32114

Title OFFICER
Name GONZALEZ, JASMINE
Address 13 PORTOFINO RD
City-State-Zip: SAN RAFAEL CA 94901

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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: JOHN RICHARD DIEHL, JR

PRESIDENT/TREASURER 01/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name LEVEILLE, PHYLLIS
Address 44 ABACUS AVE
City-State-Zip: ORMOND BEACH FL 32174