**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 26, 2020**
**Secretary of State**
**2984123472CC**

DOCUMENT# N17967

**Entity Name:** ARTS4ALL FLORIDA, INC.

**Current Principal Place of Business:**

4205 USF WILLOW DRIVE
EDU156
TAMPA, FL 33620

**Current Mailing Address:**

USF/ARTS4ALL FLORIDA
4202 E. FOWLER AVENUE, EDU105
TAMPA, FL 33620 US

**FEI Number: 59-2758321**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SABO, JENNIFER
4202 E FOWLER AVENUE
EDU105
TAMPA, FL 33620 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: JENNIFER SABO 03/26/2020

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VP |
| Name | HANDERA, DAVID |
| Address | 15 LILAC CT. |
| City-State-Zip: | STAFFORD VA 22554 |

| | |
|---|---|
| Title | TREASURER |
| Name | WHITTINGTON, LORI ANN |
| Address | 4911 SPRING PARK ROAD |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ANDERSEN, FRANCINE |
| Address | 111 NW 1ST STREET SUITE 625 |
| City-State-Zip: | MIAMI FL 33128 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARTIN, SUZANNE |
| Address | 4838 SUDBURY DRIVE |
| City-State-Zip: | ORLANDO FL 32826 |

| | |
|---|---|
| Title | SECRETARY |
| Name | LITT, JUDY |
| Address | 4000 TOWERSIDE TERRACE #1405 |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|---|---|
| Title | PD |
| Name | MOLLOY, KATIE |
| Address | GREENBERG TRAURIG<br>625 EAST TWIGGS STREET SUITE 100 |
| City-State-Zip: | TAMPA FL 33602 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GALLOWAY-GONZALEZ, ALLISON |
| Address | 2839 DELLWOOD AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32204 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WARD, DARYL |
| Address | 750 HOLLINGSWORTH ROAD |
| City-State-Zip: | LAKELAND FL 33801 |

**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: KATIE MOLLOY PD 03/26/2020

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | CLINT, RANDLES |
| Address | USF/VSA FLORIDA<br>4202 E. FOWLER AVENUE, MUS101 |
| City-State-Zip: | TAMPA FL 33620 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HOPPOCK, LAURIE |
| Address | 1362 TALBOT AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SKLOWDOWSKI, PAULA |
| Address | 2424 EPHRAIM AVENUE |
| City-State-Zip: | FORT MYERS FL 33907 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LOVELL, KATHY |
| Address | 1900 5TH AVENUE NORTH |
| City-State-Zip: | BIRMINGHAM AL 35203 |