

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1800009179

**Entity Name:** WANDERLUST ARTS, INC.

**Current Principal Place of Business:**

5783 CYPRESS CIRCLE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2317 COMMONWEALTH AVE.  
CHARLOTTE, NC 28205 US

**FEI Number:** 83-1638116

**Certificate of Status Desired:** No

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

WARINGER, LAURA  
5783 CYPRESS CIRCLE  
TALLAHASSEE, FL 32303 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:** LAURA WARINGER

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WARINGER, LAURA  
Address        2317 COMMONWEALTH AVE.  
City-State-Zip: CHARLOTTE NC 28205

Title            VP  
Name            STONE, HOLLY  
Address        3380 FRED GEORGE RD  
City-State-Zip: TALLAHASSEE FL 32303

Title            SECRETARY  
Name            FRYMER, CARRIE  
Address        3735 ARBOLADA RD  
City-State-Zip: LOS ANGELES FL 90027

Title            TRUSTEE  
Name            ARESPACOHAGA, CHARI  
Address        2221 ORANGE AVE EAST  
                  APT 1134  
City-State-Zip: TALLAHASSEE FL 32311

Title            TRUSTEE  
Name            JABLONSKI, MICHAEL  
Address        51-34 30TH AVE  
                  #E4P  
City-State-Zip: WOODSIDE NY 11377

Title            TREASURER  
Name            LONGSHORE, NAOMI  
Address        618 25TH STREET S  
City-State-Zip: ARLINGTON VA 22202

Title            TRUSTEE  
Name            GOODGOLD, SHAUNA  
Address        115 MAPLE AVE  
                  APT 3I  
City-State-Zip: MONTCLAIR NJ 07042

*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:** LAURA WARINGER

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date