### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000010216

Entity Name: ISLAND SOCIETY FOR THE PROMOTION OF ARTISTIC AND

**CULTURAL EDUCATION INC** 

COLITIVAL EDUCATION INC

## **Current Principal Place of Business:**

1310 SW 2ND COURT

**APT 207** 

FORT LAUDERDALE, FL 33312

### **Current Mailing Address:**

1310 SW 2ND COURT

**APT 207** 

FORT LAUDERDALE, FL 33312 US

FEI Number: 84-3148112 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

THOMPSON, CALIBE 1310 SW 2ND CT APT 207

FORT LAUDERDALE, FL 33312 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name MUIR, DAVID I Name STANBURY, LLOYD

Address 1310 SW 2ND CT APT 207 Address 1310 SW 2ND COURT APT 207

City-State-Zip: FORT LAUDERDALE FL 33312

City-State-Zip: FORT LAUDERDALE FL 33312

Title TREASURER Title SECRETARY

Name MULLINGS, LEARY
Name MORGAN JOSEPH, CHARISE

Address 1310 SW 2ND CT APT 207

Address 1310 SW 2ND COURT

City-State-Zip: FORT LAUDERDALE FL 33312 APT 207

City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR

Name THOMPSON, CLOVER Title DIRECTOR

Address 1310 SW 2ND COURT Name JOHNBAPTISTE, ANDREA

APT 207 Address 1310 SW 2ND COURT

FORT LAUDERDALE FL 33312 APT 207

City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR

Name MCLENNON SHARON Title DIRECTOR

Name MCLENNON, SHARON Title DIRECTOR
Address 1310 SW 2ND COURT Name RUSSELL, KARL

APT 207 Address 1310 SW 2ND COURT

City-State-Zip: FORT LAUDERDALE FL 33312 APT 207

City-State-Zip: FORT LAUDERDALE FL 33312

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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: CALIBE THOMPSON

**EXECUTIVE DIRECTOR** 

06/08/2020

FILED Jun 08, 2020

Secretary of State

8228586538CC

# Officer/Director Detail Continued:

Title DIRECTOR

Name THOMPSON, CALIBE
Address 1310 SW 2ND COURT

APT 207

City-State-Zip: FORT LAUDERDALE FL 33312