

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000000010

Entity Name: ARTS AND CULTURAL ALLIANCE OF CENTRAL FLORIDA, INC.

FILED
Jul 16, 2013
Secretary of State
CC9269919276

Current Principal Place of Business:

11 NORTH SUMMERLIN AVENUE
265
ORLANDO, FL 32801

Current Mailing Address:

11 NORTH SUMMERLIN AVENUE
265
ORLANDO, FL 32801

FEI Number: 59-3499659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, RAE M
11 NORTH SUMMERLIN AVENUE
265
ORLANDO, FL 32801 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: RAE WARD

07/16/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name RHODES, REBECCA
Address 11 NORTH SUMMERLIN AVENUE,
 SUITE 265
City-State-Zip: ORLANDO FL 32801

Title VP
Name TOTTEN, DEBBIE
Address 11 NORTH SUMMERLIN AVENUE,
 SUITE 265
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE DIRECTOR
Name WARD, RAE M
Address 11 NORTH SUMMERLIN AVENUE,
 SUITE 265
City-State-Zip: ORLANDO FL 32801

Title TREA
Name GRIM, CHRISTOPHER
Address 11 NORTH SUMMERLIN AVENUE,
 SUITE 265
City-State-Zip: ORLANDO FL 32801

Title SEC
Name MOONEY, TERRY
Address 11 NORTH SUMMERLIN AVENUE,
 SUITE 265
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BRITT, HOWARD
Address 11 NORTH SUMMERLIN AVENUE
 265
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name DIDONNA, JOHN DR.
Address 11 NORTH SUMMERLIN AVENUE
 265
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name JOHNSON, LORELIE
Address 11 NORTH SUMMERLIN AVENUE
 265
City-State-Zip: ORLANDO FL 32801

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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: RAE WARD

EXECUTIVE DIRECTOR

07/16/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JUNGEN, MICHAEL
Address 11 NORTH SUMMERLIN AVENUE
265
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ROGERS, ROB
Address 11 NORTH SUMMERLIN AVENUE
265
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name KOTCH, DEANNA
Address 11 NORTH SUMMERLIN AVENUE
265
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name VERNON-DEVLIN, SUSAN
Address 11 NORTH SUMMERLIN AVENUE
265
City-State-Zip: ORLANDO FL 32801