


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 701583
 1. Entity Name
SOUTH FLORIDA ART INSTITUTE OF HOLLYWOOD, INC.



Principal Place of Business 233 N FEDERAL HWY STE 45 DANIA, FL 33004	Mailing Address 233 N FEDERAL HWY STE 45 DANIA, FL 33004
---	---

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0833294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTER, ELWIN G.
 9320 S HOLLY BROOK LAKE DR
 HOLLYWOOD, FL 33025

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reelecting)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDERS, JO-ANN 5471 NE 21 TERRACE FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SADOWSKY, FLORENCE 7435 VIALE CATERINA DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PALEY, JUDY 290 BAL BAY DR, APT 206 BAL HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000377512
 09/01/05-80001-008 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELWIN PORTER *ELWIN PORTER* 8-30-05 954 920 2961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #