## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701597** 

FILED Apr 05, 2008 Secretary of State

Entity Name: ART CENTER OF COCOA VILLAGE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

566 BARTON BOULEVARD SUITE 3

ROCKLEDGE, FL 32955

**New Mailing Address: Current Mailing Address:** 

566 BARTON BOULEVARD SUITE 3

ROCKLEDGE, FL 32955 US

FEI Number: 23-7354704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PARKERSON, VICTOR KOEPPEL, ROBERT 566 BARTON BOULEVARD 566 BARTON BOULEVARD SUITE 3 SUITE 3 ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 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: ROBERT KOEPPEL 04/05/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PARKERSON, VICTOR KOEPPEL, ROBERT Name: Name: 1838 ABBEYRIDGE DRIVE Address: 1350 DEER TRAIL Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: (X) Change ( ) Addition KOEPPEL, ROBERT Name: BARNHART, RUTH Name: Address: 1350 DEER TRAIL Address: 6250 CAPSTAN COURT City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: SVP () Delete Title: () Change () Addition HOFFMAN, JOYCE Name: Name:

1033 JACARANDA CIRCLE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:

Title: Title: () Change () Addition

T () Delete LAROCQUE, JAMES Name: Name: 495 BELLA CAPRI DRIVE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:

Title: () Delete Title: () Change () Addition

WHEATLEY, HELEN Name: Name: 4720 HARTVILLE AVENUE Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT KOEPPEL Ρ 04/05/2008