2007 NOT-FOR-PROFIT CORPORATION

Aug 24, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #707990** 08-24-2007 90024 040 ****70.00 ARTS CENTER ASSOCIATION, INC. 4012022 Principal Place of Business Mailing Address 719 CENTRAL AVE 719 CENTRAL AVE ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08202007 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-6163303 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRAFT, EVELYN R Street Address (P.O. Box Number is Not Acceptable) 719 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 Zip Code FL 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 phregistered agent. SIGNATURE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 1VC **Oelete** Change TITLE TITLE Addition CAMEJO, ED TERRY BRETT NAME NAME 1725 BCH DR NE STREET ADDRESS STREET ADDRESS 425 15th AVENUE NE SAINT PETERSBURG, FL 33704 CITY-ST-7IP CITY-ST-ZIP ST PETEKSBURG, FL 33704 Delete Change TITLE TITLE ■ Addition BRETT, TERRY NAME NAME KATHRYN BOECKMAN HOWD STREET ADDRESS 425 15TH AVE NE STREET ADDRESS 842 36+4 AVENUE N STRETERSBURG, FL 33704 CITY-ST-ZIP SAINT PETERSBURG, FL 33704 CITY-ST-ZIP Addition TITLE TITLE ☐ Delete ☐ Change LARRY PARKIN BOECKMAN HOWD, KATHRYN NAME NAME 1348 47th AVENUE NE STREET ADDRESS 842 36TH AVE N STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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SAINT PETERSBURG, FL 33701

INDIAN ROCKS BEACH, FL 33785

SAINT PETERSBURG, FL 33701

1355 PINELLAS BAYWAY #10

TIERRA VERDE, FL 33715

JOHLER, LYNN

CRAFT, EVELYN R

JACOBS, RICHARD

719 CENTRAL AVENUE

P.O. BOX 422

SIGNING OFFICER OR DIRECTOR

ST PETEKS BURG, FL 33703

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■ Addition

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