2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 707990

Entity Name: ARTS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

719 CENTRAL AVE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

719 CENTRAL AVE
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-6163303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAFT, EVELYN R
719 CENTRAL AVENUE
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BRETT, TERRY
Address: 425 15TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: S ( ) Delete
Name: BOECKMAN HOWD, KATHRYN
Address: 842 36TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete
Name: JOHLER, LYNN
Address: P.O. BOX 422
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: P ( ) Delete
Name: CRAFT, EVELYN R
Address: 719 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: 1VC ( ) Delete
Name: PARKIN, LARRY
Address: 1348 47TH AVENUE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WEBB, DAR
Address: 405 CENTRAL AVE #250
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: EVELYN CRAFT P 04/21/2008

Electronic Signature of Signing Officer or Director — Date