

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712944

FILED
Jul 06, 2006
Secretary of State

Entity Name: UNITED ARTS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

253 N ORLANDO AVE
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 940068
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 59-1166446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNIGHT, MARGOT H
253 N. ORLANDO AVE SUITE 201
MAITLAND, FL 32751 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: PD () Delete
Name: KNIGHT, MARGOT H
Address: PO BOX 940068
City-St-Zip: MAITLAND, FL 32794

Title: CD () Delete
Name: PRITCHARD, SIBILLE
Address: 401 W. COLONIAL DRIVE, STE. 7
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: BORNSTEIN, RITA
Address: 1000 HOLT AVE 2711
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: KANTOR, HAL
Address: PO BOX 2809
City-St-Zip: ORLANDO, FL 32802

Title: TD (X) Delete
Name: FRITZ, JIM
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: MONTGOMERY, JERRY
Address: PO BOX 10000
City-St-Zip: LAKE BUENA VISTA, FL 328301000

Title: TD (X) Change () Addition
Name: JIM, FRITZ
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: CD (X) Change () Addition
Name: KANTOR, HAL
Address: PO BOX 2809
City-St-Zip: ORLANDO, FL 32802

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGOT H. KNIGHT

PD

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date