

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 17, 2008  
Secretary of State

DOCUMENT# 712944

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:**

2450 MAITLAND CENTER PARKWAY  
SUITE 200  
MAITLAND, FL 32751 US

**Current Mailing Address:**

PO BOX 940068  
MAITLAND, FL 32794

**New Mailing Address:**

PO BOX 940068  
MAITLAND, FL 327940068

FEI Number: 59-1166446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

KNIGHT, MARGOT H  
2450 MAITLAND CENTER PARKWAY  
SUITE 200  
MAITLAND, FL 32751 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:

01/17/2008

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: SD ( ) Delete  
Name: SANDGHAGEN, RAY  
Address: 200 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: VD ( ) Change (X) Addition  
Name: MONTGOMERY, JERRY  
Address: 1675 BUENA VISTA DR  
City-St-Zip: LAKE BUENA VISTA, FL 328301000

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: MARGOT H KNIGHT

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date