

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90004 046 \*\*\*\*61.25

**DOCUMENT # 713094**

1. Entity Name  
**THE FRIENDS OF ART, INC.**



Principal Place of Business  
**1301 STANFORD DRIVE  
CORAL GABLES, FL 33146**

Mailing Address  
**1301 STANFORD DRIVE  
CORAL GABLES, FL 33146**

**50026655**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-6192862**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURSAM, BRIAN  
1301 STANFORD DR  
CORAL GABLES, FL 33146-9005**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 of registered agent.

SIGNATURE

*Brian Dursam*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8-24-06*

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SILVERSTET, MAGGIE  
1301 STANFORD DR.  
CORAL GABLES, FL 33146 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Sheila Resnik* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SUAREZ, GLORIA  
1301 STANFORD DR  
CORAL GABLES, FL 33146 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Judi Matus* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WITHERSPOON, LIBBY  
1301 STANDFORD DR  
CORAL GABLES, FL 33146 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Jean Berezin* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

*Sheila Resnik*

*8-24-06*

*305 284-6756*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #