

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 737134

1. Entity Name
HOMESTEAD CENTER FOR THE ARTS, INC.



Principal Place of Business
**HOMESTEAD CENTER FOR THE ARTS
19800 SW 180 AVE #36
MIAMI, FL 33187 US**

Mailing Address
**PO BOX 901492
HOMESTEAD, FL 33090 US**



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1731201

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, WILLIAM E
19800 SW 180 AVE.. #36
MIAMI, FL 33187**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	NAF
NAME	CRAIG, DIANE
STREET ADDRESS	16375 SW 215 ST
CITY- ST- ZIP	MIAMI, FL 33187
TITLE	T
NAME	WHITE, BILL
STREET ADDRESS	19800 SW 180TH AVE, #36
CITY- ST- ZIP	MIAMI, FL 33187
TITLE	RS
NAME	MILLENBRUCH, BARBARA
STREET ADDRESS	2650 SOUTHEAST 12 PLACE SUITE 104
CITY- ST- ZIP	HOMESTEAD, FL 33035
TITLE	P
NAME	HANCK, BARBARA
STREET ADDRESS	15900 SW 258 ST
CITY- ST- ZIP	HOMESTEAD, FL 33031
TITLE	VAE
NAME	MCMILLIAN, JO-ANN
STREET ADDRESS	19850 SW 147 AVE
CITY- ST- ZIP	MIAMI, FL 33187
TITLE	VP
NAME	STULTZ, BETTY SUE
STREET ADDRESS	19410 SW 88 CT
CITY- ST- ZIP	MIAMI, FL 33157

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01/16/07-80014-020 61.25

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IN THIS SPACE**

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:

William E. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. White 1/5/07 305-253-6620

Date

Daytime Phone #