

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737134

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOMESTEAD CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

HOMESTEAD CENTER FOR THE ARTS
19800 SW 180 AVE #36
MIAMI, FL 33187 US

New Principal Place of Business:

19800 SW 180 AVE
#36
MIAMI, FL 33187 US

Current Mailing Address:

PO BOX 901492
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 59-1731201 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VAF () Delete
Name: CRAIG, DIANE
Address: 16375 SW 215 ST
City-St-Zip: MIAMI, FL 33187

Title: T () Delete
Name: WHITE, BILL
Address: 19800 SW 180TH AVE, #36
City-St-Zip: MIAMI, FL 33187

Title: RS () Delete
Name: MILLENBRUCH, BARBARA
Address: 2650 SOUTHEAST 12 PLACE SUITE 104
City-St-Zip: HOMESTEAD, FL 33035

Title: P () Delete
Name: STAPLES, MARGARET
Address: 10305 SW 152 TER
City-St-Zip: MIAMI, FL 33157

Title: VAE () Delete
Name: MCMILLIAN, JO-ANN
Address: 19850 SW 147 AVE
City-St-Zip: MIAMI, FL 33187

Title: VP (X) Delete
Name: STULTZ, BETTY SUE
Address: 19410 SW 88 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CS (X) Change () Addition
Name: NANETTE, WULF
Address: 22840 TENNESSEE RD
City-St-Zip: MIAMI, FL 33170

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: VP2 (X) Change () Addition
Name: MCMILLIAN, JO-ANN
Address: 19850 SW 147 AVE
City-St-Zip: MIAMI, FL 33187

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: WILLIAM E. WHITE

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date