

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737144

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 51-0182663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JAMES
402 OFFICE PALZA
TALLAHASSEE, FL 32301 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: D () Delete
Name: CASTLEMAN, SUSAN
Address: 7442 DREW OAK DRIVE
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: MATTHEWS, JACK
Address: 1401 CRYSTAL SANDS DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: M () Delete
Name: PERRY, JAMES T
Address: 402 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: P/D () Delete
Name: LAMB, PATRICIA
Address: 5 LOMA LINDA
City-St-Zip: LAKE LAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAMB, PATRICIA
Address: 5 LOMA LINDA
City-St-Zip: LAKE LAND, FL 33813

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

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

Title: P/D (X) Change () Addition
Name: CASTLEMAN, SUSAN
Address: 7442 DREW OAK DRIVE
City-St-Zip: LAKE LAND, FL 33772 US

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: VALERIA ANDERSON

DIR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date