

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758086

FILED
Jan 03, 2011
Secretary of State

Entity Name: NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS,INC.

Current Principal Place of Business:

777 BRICKELL AVENUE
370
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

777 BRICKELL AVENUE
370
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-2141837 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAFRANEK, JOHN
777 BRICKELL AVENUE
370
MIAMI, FL 33131 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: ED
Name: DUBIN, JAMES
Address: 777 BRICKELL AVENUE, SUITE 370
City-St-Zip: MIAMI, FL 33131 US

Title: CEO
Name: DEPAUL, CHRISTINA
Address: 777 BRICKELL AVENUE, SUITE 370
City-St-Zip: MIAMI, FL 33131 US

Title: VC
Name: HENRY, JOHN
Address: 777 BRICKELL AVENUE, SUITE 370
City-St-Zip: MIAMI, FL 33131 US

Title: S
Name: KAUFFMAN, JEFFREY
Address: 777 BRICKELL AVENUE, SUITE 370
City-St-Zip: MIAMI, FL 33131 US

Title: T
Name: WAGMAN, RICHARD
Address: 777 BRICKELL AVENUE, SUITE 370
City-St-Zip: MIAMI, FL 33131 US

Title: CFO
Name: SAFRANEK, JOHN
Address: 777 BRICKELL AVENUE #370
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: JOHN L. SAFRANEK

CFO

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date