2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762671

FILED Mar 15, 2008 Secretary of State

Entity Name: ENGLEWOOD ART CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

350 SOUTH MCCALL ROAD ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

350 SOUTH MCCALL ROAD ENGLEWOOD, FL 34223

FEI Number: 59-2274745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNKIN, DAVID 170 W DEARBORN ENGLWOOD, FL 34223 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:

Flateria Circulus of Busidess I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: PD (X) Change () Addition Name: BASTIK, DON Name: PARIOS, RACHEL Address: 1891 ENGLEWOOD RD #110 Address: 40 BUNKER CIRCLE

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:
 ROTONDA WEST, FL 33947

 Title:
 PD () Delete
 Title:
 TD (X) Change () Addition

Title: VD () Delete Title: () Change () Addition

 Name:
 BURKE, MARY ANN
 Name:

 Address:
 10503 AZTEC RD
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33981
 City-St-Zip:

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$

 Name:
 PISTONE, DELORES
 Name:
 KOHL, GERLINDE

 Address:
 10194 QULMPE AVE
 Address:
 207 ROCKWOOD WAY

 City-St-Zip:
 ENGLEWOOD, FL 34224
 City-St-Zip:
 ENGLEWOOD, FL 34223

Title: D (X) Delete Title: () Change () Addition

 Name:
 COLBY, BOB
 Name:

 Address:
 5007 KINGSMAN AVE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34288
 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: RACHEL PARIOS PD 03/15/2008