
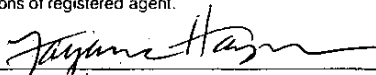
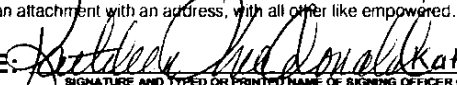


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90227 021 ****61.25

DOCUMENT # 763627 1. Entity Name ART CENTER SARASOTA, INC.																																																																																																																													
Principal Place of Business 707 N. TAMiami TRAIL SARASOTA, FL 34236 US				Mailing Address 707 N. TAMiami TRAIL SARASOTA, FL 34236 US																																																																																																																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number 59-0706844																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent KATHLEEN McDONALD HARMAN, WILLIAM JAMES PRES 707 N. TAMiami TRAIL SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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  Fayanne Hayes, Executive Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMILEY, JANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 JOHN RINGLING BLVD E-103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACKSON, GARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2311 HARBOUR OAKS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>McDONALD, KATHLEEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>800 BLUE CRANE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE, FL 34292</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMILEY, JANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 JOHN RINGLING BLVD E-103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARMAN, WILLIAM JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7522 FAIRLINKS COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34243</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	SMILEY, JANE		STREET ADDRESS	700 JOHN RINGLING BLVD E-103		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	T	<input type="checkbox"/> Delete	NAME	JACKSON, GARRY		STREET ADDRESS	2311 HARBOUR OAKS DR		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	McDONALD, KATHLEEN		STREET ADDRESS	800 BLUE CRANE DRIVE		CITY-ST-ZIP	VENICE, FL 34292		TITLE	S	<input type="checkbox"/> Delete	NAME	SMILEY, JANE		STREET ADDRESS	700 JOHN RINGLING BLVD E-103		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	VP	<input type="checkbox"/> Delete	NAME	HARMAN, WILLIAM JAMES		STREET ADDRESS	7522 FAIRLINKS COURT		CITY-ST-ZIP	SARASOTA, FL 34243		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  Kathleen McDonald, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
Date					941-365-2032 <small>Daytime Phone #</small>																																																																																																																								