

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90459 042 ****61.25

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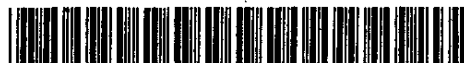
1. Entity Name
LOVEWELL INSTITUTE FOR THE CREATIVE ARTS, INC.



Principal Place of Business
**C/O MR. DAVID SPANGLER
1600 NE 18TH AVE.
FT. LAUDERDALE, FL 33305**

Mailing Address
**C/O MR. DAVID SPANGLER
1600 NE 18TH AVE.
FT. LAUDERDALE, FL 33305**

DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
48-1066435

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HKES&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR., #600
MIAMI, FL 33133**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DPC |
| NAME | SPANGLER, DAVID |
| STREET ADDRESS | 1600 NE 18TH AVENUE |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33305 |
| TITLE | DST |
| NAME | MATHIS, HARRIET B |
| STREET ADDRESS | 2901 NE 21ST TERRACE |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33306 |
| TITLE | D |
| NAME | SIGARS, L. JANA |
| STREET ADDRESS | C/O HKES&F 2601 S. BAYSHORE DR SUITE 600. |
| CITY-ST-ZIP | MIAMI, FL 33133 |
| TITLE | D |
| NAME | FISCHLER, LORI FAYE |
| STREET ADDRESS | 206 W 106TH STEEET # 68 |
| CITY-ST-ZIP | NEW YORK, NY 10025 |
| TITLE | Pres |
| NAME | DEBRA FRENKEL |
| STREET ADDRESS | 7921 NW 167 TER |
| CITY-ST-ZIP | MIAMI LAKES, FL FL 33016 |
| TITLE | |
| 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 exemption stated in Section 119.07(3)(l), 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:

Harriet B. Mathis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIET B. MATHIS

Date

Daytime Phone #

954-563-3685

5/1/04