

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002919

FILED
Mar 20, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 48-1066435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAKER, WILLIAM E
2400 E LAS OLAS BLVD
PMB 126
FT LAUDERDALE, FL 33301 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: DPC () Delete
Name: SPANGLER, DAVID
Address: 1600 NE 18TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33305

Title: DST () Delete
Name: MATHIS, HARRIET B
Address: 2901 NE 21ST TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: D () Delete
Name: SIGARS, L. JANA
Address: 4060 KIAORA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: FISCHLER, LORI FAYE
Address: 69 HARLEY ST #1
City-St-Zip: LONDON W1G 8QN, UK

Title: P () Delete
Name: FRENKEL, DEBRA
Address: 2117 N 14TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: SHOEMAKER, WILLIAM E
Address: 1733 NE 8 ST
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRIET B. MATHIS

TREA

03/20/2006

Electronic Signature of Signing Officer or Director

Date