

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002919

FILED
Apr 24, 2012
Secretary of State

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

Current Principal Place of Business:

1000 CORPORATE DR.
STE #330
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1000 CORPORATE DR.
STE #330
FT. LAUDERDALE, FL 33334

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
1000 CORPORATE DR., SUITE 330
FT LAUDERDALE, FL 33334 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
Name: SPANGLER, DAVID
Address: 1600 NE 18TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33305

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

Title: D
Name: POMERANTZ, WENDY
Address: 16100 EMERALD ESTATES DR.
City-St-Zip: WESTON, FL 33331

Title: P, D
Name: MASI, WENDY
Address: 2401 LAGUNA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D
Name: FISCHLER, ABRAHAM
Address: 8640 BANYON WAY
City-St-Zip: TAMARCA, FL 33321 US

Title: D
Name: SHOEMAKER, WILLIAM E
Address: 1000 CORPORATE DR.
City-St-Zip: FT LAUDERDALE, FL 33334

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: WILLIAM E SHOEMAKER

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04/24/2012

Electronic Signature of Signing Officer or Director

_____ Date