

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90002 040 ****61.25

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|--|---------------------------------|---|--|
| DOCUMENT # N00000000207 1. Entity Name A DAY AT THE ART CENTER, INC. | | | |
| Principal Place of Business 865 TOWNSEND BLVD. JACKSONVILLE, FL 32211 | | Mailing Address 865 TOWNSEND BLVD. JACKSONVILLE, FL 32211 | |
| 2. Principal Place of Business - No P.O. Box # 865 Townsend Blvd. | | 3. Mailing Address 8453 Spicewood Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Jacksonville, FL | | City & State JACKSONVILLE, FL | |
| Zip 32211 | | Zip 32216 | |
| Country USA | | Country USA | |
| 4. FEI Number 11-3789093 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WATFORD, BRENDA 8453 SPICEWOOD DRIVE PH JACKSONVILLE, FL 32216 | | 7. Name and Address of New Registered Agent Name: WATFORD, BRENDA Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code: | |
| 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: <i>Brenda Watford</i> | | DATE: 6-7-08 | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: PVD NAME: WATFORD, BRENDA STREET ADDRESS: 8453 SPICEWOOD DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32216 | <input type="checkbox"/> Delete | TITLE: PVD NAME: WATFORD, BRENDA STREET ADDRESS: 865 TOWNSEND BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32216 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V NAME: WATFORD, JOSEPH STREET ADDRESS: 8453 SPICEWOOD DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32216 | <input type="checkbox"/> Delete | TITLE: V NAME: WATFORD, JOSEPH STREET ADDRESS: 865 TOWNSEND BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: BREWER, PATSY STREET ADDRESS: 871 TOWNSEND BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete | TITLE: D NAME: BREWER, PATSY STREET ADDRESS: 865 TOWNSEND BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: M NAME: BELL, DEBORAH STREET ADDRESS: 6749 COLUMBINE DR. CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete | TITLE: M NAME: BELL, DEBORAH STREET ADDRESS: 865 TOWNSEND BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: S NAME: PENN, HELEN STREET ADDRESS: 2640 TROLLIE LANE CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete | TITLE: S NAME: PENN, HELEN STREET ADDRESS: 865 TOWNSEND BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32211 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Brenda Watford</i> | | DATE: 6-7-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone #: 904-303-1091 | |