

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000207

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: A DAY AT THE ART CENTER, INC.

## Current Principal Place of Business:

865 TOWNSEND BLVD.  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

8453 SPICEWOOD DR.  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

8453 SPICEWOOD DR  
JACKSONVILLE, FL 32216

## New Mailing Address:

8453 SPICEWOOD DR.  
JACKSONVILLE, FL 32216 US

FEI Number: 11-3789093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATFORD, BRENDA  
8453 SPICEWOOD DRIVE  
PH  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

WATFORD, BRENDA  
8453 SPICEWOOD DR.  
JACKSONVILLE, FL 32216 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete  
Name: WATFORD, BRENDA  
Address: 865 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V (X) Delete  
Name: WATFORD, JOSEPH  
Address: 865 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete  
Name: BREWER, PATSY  
Address: 865 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: M (X) Delete  
Name: BELL, DEBORAH  
Address: 865 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S (X) Delete  
Name: PENN, HELEN  
Address: 865 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition  
Name: BRENDA, WATFORD  
Address: 8453 SPICEWOOD DR.  
City-St-Zip: JACKSONVILLE, FL 32216 US

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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRENDA WATFORD

PVD

04/28/2009

Electronic Signature of Signing Officer or Director

Date