


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90024 049 ****70.00

DOCUMENT # N00000003814					
1. Entity Name ARTSOUTH, A NOT-FOR-PROFIT CORPORATION					
Principal Place of Business 240 N KROME AVE HOMESTEAD, FL 33030		Mailing Address 240 N KROME AVE HOMESTEAD, FL 33030			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1016544	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARNES, ROBERT 470 SE 20 LANE HOMESTEAD, FL 33033			Name <u>ROSA I. BRITO</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>16632 S.W. 91 TERR</u>		
			City <u>MIAMI</u> FL Zip Code <u>33196</u>		
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 <u>ROSA I. BRITO</u>		<u>Rosa I Brito</u>		DATE <u>4/1/08</u>	
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDERMAN, ELLIE		NAME		
STREET ADDRESS	1132 VALENCIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIRK, STEVEN		NAME	<u>C TWILA GRANDCHAMP</u>	
STREET ADDRESS	P.O. BOX 343529		STREET ADDRESS	<u>301 VISCAVA AVE.</u>	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	<u>CORAL GABLES, FL 33134</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVINE, I. STANLEY		NAME		
STREET ADDRESS	3333 GARDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALGADO, CARLOS		NAME		
STREET ADDRESS	240 N KROME AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNOWLES, YVONNE		NAME		
STREET ADDRESS	14341 SW 119AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEYTON, DAVID		NAME	<u>M ROSA I. BRITO</u>	
STREET ADDRESS	1550 N KROME AVE		STREET ADDRESS	<u>16632 S.W. 91 TERR</u>	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	<u>MIAMI, FL 33196</u>	
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: <u>Rosa I Brito</u>		<u>Rosa I Brito</u>		DATE <u>4/01/08</u> 305 247-9406	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	