

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N00000003814

Entity Name: ARTSOUTH, A NOT-FOR-PROFIT CORPORATION

Current Principal Place of Business:

240 N KROME AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

240 N KROME AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-1016544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRITO, ROSA I
16632 SW 91 TERR
MIAMI, FL 33196 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: D () Delete
Name: SCHNEIDERMAN, ELLIE
Address: 1132 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: C () Delete
Name: GRANDCHAMP, TWILA
Address: 301 VISCAYA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LEVINE, I. STANLEY
Address: 3333 GARDEN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: SALGADO, CARLOS
Address: 240 N KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Delete
Name: KNOWLES, YVONNE
Address: 14341 SW 119AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: KLEIN-YOUNG, JANIS
Address: 14500 SW 95 AVE
City-St-Zip: MIAMI, FL 33176

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

Title: M (X) Change () Addition
Name: BRITO, ROSA I
Address: 16632 SW 91 TERR
City-St-Zip: MIAMI, FL 33196

Title: S (X) Change () Addition
Name: HERRMAN, BEATRIZ
Address: 11035 SW 84TH STREET
City-St-Zip: MIAMI, FL 33173

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: ROSA I BRITO

M

04/16/2009

Electronic Signature of Signing Officer or Director

Date