

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-03-2007 90061 012 *****70.00

N00000004294

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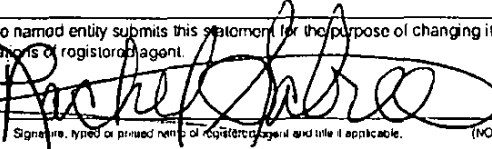
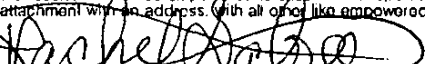
CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

VS MOORE CR2E037 (10/06)

07

DOCUMENT # N00000004294 1. Entity Name MULTI EDUCATIONAL CULTURAL CENTER OF THE ARTS, INC.					
Principal Place of Business 1610 N. HAYNES ST. PENSACOLA FL 32503		Mailing Address 1610 N. HAYNES ST. PENSACOLA FL 32503			
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 59-3658065	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SABREE, RACHEL M 1610 N. HAYNES ST. PENSACOLA FL 32503			7. Name and Address of New Registered Agent Name 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:  DATE: 4/20/07 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering))					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY- ST- ZIP	ED SABREE, RACHEL M 1610 N. HAYNES ST. PENSACOLA FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROPER, ANNIE M 1404 N. HAYNES ST. PENSACOLA FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILLIAMS, JIMMIE S. HAYNES ST. PENSACOLA FL 32503	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ES JONES, DIANE 204 EMERALD AVE. PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DDPM MCKINNON, LEE O 2180 PLEASANT HILL RD, STE. A-5, 197 DULUTH GA 30096	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			11-3-07 Date: _____ Signature: _____		

2/11/16