

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004787

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE ARTS PROJECT, INC.

Current Principal Place of Business:

1080 W. TROPICAL WAY
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

1080 W. TROPICAL WAY
PLANTATION, FL 33317

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARVER, MICHAEL
1080 W. TROPICAL WAY
PLANTATION, FL 33317 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: PD () Delete
Name: FARVER, MICHAEL
Address: 1080 W TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: FARVER, SUSAN
Address: 1080 W TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Delete
Name: FARVER, SARA
Address: 1080 W. TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL FARVER

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date