

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007119

FILED
Jan 05, 2005
Secretary of State

Entity Name: THE ARTS AT ST. JOHNS, INC.

Current Principal Place of Business:

4760 PINE TREE DR.
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4760 PINE TREE DR.
MIAMI BCH, FL 33140

New Mailing Address:

FEI Number: 65-1051143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROL, HOFFMAN
4760 PINE TREE DR.
MIAMI BEACH, FL 33140 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: TD () Delete
Name: SCHWAB, PAUL
Address: 4760 PINE TREE DR.
City-St-Zip: MIAMI BCH, FL 33140

Title: VP () Delete
Name: HOLCOMB, ROBERT
Address: 4760 PINE TREE DR.
City-St-Zip: MIAMI BCH, FL 33140

Title: SD () Delete
Name: PENA, CHRIS
Address: 4760 PINE TREE DR.
City-St-Zip: MIAMI BCH, FL 33140

Title: PD (X) Delete
Name: LISA, KOSLOW
Address: 4351 N BAY RD
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HOLCOMB, ROBERT
Address: 4760 PINE TREE DR.
City-St-Zip: MIAMI BCH, FL 33140

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 for the exemption stated in Section 119.07(3)(i), 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: CAROL M HOFFFMAN

DIR

01/05/2005

Electronic Signature of Signing Officer or Director

Date