

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 06, 2010
Secretary of State

DOCUMENT# N00000007119

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: D
Name: HAMILTON, SUSAN
Address: 1501 CALAIS DR
City-St-Zip: MIAMI BCH, FL 33141

Title: TD
Name: CAROL, HAEFNER
Address: 1651 NE 115TH STREET #19C
City-St-Zip: MIAMI, FL 33181

Title: PD
Name: BURNETT, MICKLEY
Address: 7090 BONITA DR. # 205
City-St-Zip: MIAMI BCH, FL 33141

Title: D
Name: VALENTINE, DAWLEC
Address: 6752 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D
Name: PERSON, JENNIFER
Address: 153 NE 47TH STREET
City-St-Zip: MIAMI, FL 33137

Title: D
Name: TURK, PAULA
Address: 5425 PINETREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: CAROL HOFFMAN

D

07/06/2010

Electronic Signature of Signing Officer or Director

Date