

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007119

FILED
Jan 14, 2012
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: P/SD
Name: DA SILVA CORNELL, DAVID
Address: 1504 BAY RD, APT 2408
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD
Name: DAWIEC, VALENTINE
Address: 6752 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VPD
Name: BURNETT, MICKLEY
Address: 1075 92 ST. #302
City-St-Zip: BAY HARBOR ISLANDS, FL 33141 US

Title: D
Name: RESHARD, LLOYD JR.
Address: 976 NW 6TH STREET, APT. 4
City-St-Zip: MIAMI, FL 33136 US

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

Title: D
Name: MITCHELL-THOMAS, RIANNE
Address: 321 NW 51 TERRACE
City-St-Zip: MIAMI, FL 33142 US

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

E.D.

01/14/2012

Electronic Signature of Signing Officer or Director

Date