

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90038 013 \*\*\*\*61.25



<b>DOCUMENT # N01000004941</b>				<b>1. Entity Name</b> ART FOR LIFE PRODUCTIONS, INC. OF CENTRAL FLORIDA	
<b>Principal Place of Business</b> 1870 ALOMA AVE STE 120 WINTER PARK, FL 32789		<b>Mailing Address</b> 1870 ALOMA AVE STE 120 WINTER PARK, FL 32789			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3731245	
				Applied For Not Applicable	
			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
O'KEEFE, DANIEL J 1870 ALOMA AVE STE 120 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNES, DEBORAH	NAME			
STREET ADDRESS	2045 PALM VISTA DR	STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORROUGH, KELLI	NAME			
STREET ADDRESS	3919 LAKESIDE RESERVE LANE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OKEEFE, DANA M	NAME			
STREET ADDRESS	2651 COCHISE TR	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OKEEFE, DANIEL J	NAME			
STREET ADDRESS	1870 ALOMA AVE STE 120	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, JOHN	NAME	John White		
STREET ADDRESS	400 PARK AVENUE SOUTH STE 150	STREET ADDRESS	1870 Aloma Avenue, Suite 120		
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b>		2/3/04		407-599-7085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	