


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 043 ****61.25

DOCUMENT # N01000004941	
1. Entity Name ART FOR LIFE PRODUCTIONS, INC. OF CENTRAL FLORIDA	

00004006



04182006 Chg-NP CR2E037 (11/05)

Principal Place of Business 1870 ALOMA AVE STE 120 WINTER PARK, FL 32789	Mailing Address 1870 ALOMA AVE STE 120 WINTER PARK, FL 32789
--	--

2. Principal Place of Business 2651 Cochise Trail Suite, Apt. #, etc.	3. Mailing Address 2651 Cochise Trail Suite, Apt. #, etc.
---	---

City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Zip 32789
Country Orange	Country Orange

4. FEI Number 59-3731245	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'KEEFE, DANIEL J 1870 ALOMA AVE STE 120 WINTER PARK, FL 32789	
---	--

7. Name and Address of New Registered Agent Name No change Street Address (P.O. Box Number is Not Acceptable) 2651 Cochise Trail City Winter Park FL Zip Code 32789	
---	--

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

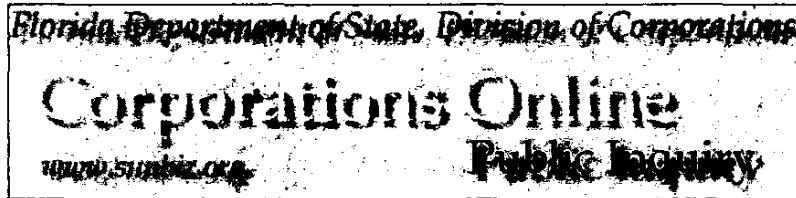
**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, DEBORAH 2045 PALM VISTA DR APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORROUGH, KELLI 3919 LAKESIDE RESERVE LANE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKEEFE, DANA M 2651 COCHISE TR WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKEEFE, DANIEL J 2651 COCHISE TRAIL WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN 2651 COCHISE TRAIL WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Daniel J. O'Keefe, President 4-25-06 407-353-8053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60034632



Florida Non Profit

ART FOR LIFE PRODUCTIONS, INC. OF CENTRAL FLORIDA

PRINCIPAL ADDRESS

1870 ALOMA AVE STE 120
WINTER PARK FL 32789

MAILING ADDRESS

1870 ALOMA AVE STE 120
WINTER PARK FL 32789Document Number
N01000004941FEI Number
593731245Date Filed
07/10/2001State
FLStatus
ACTIVEEffective Date
NONE

Registered Agent

Name & Address
O'KEEFE, DANIEL J 1870 ALOMA AVE STE 120 WINTER PARK FL 32789

Officer/Director Detail

Name & Address	Title
BARNES, DEBORAH 2045 PALM VISTA DR APOKA FL 32712	D
DORROUGH, KELLI 3919 LAKESIDE RESERVE LANE ORLANDO FL 32810	D
OKEEFE, DANA M 2651 COCHISE TR WINTER PARK FL 32789	D
OKEEFE, DANIEL J 2651 COCHISE TRAIL	D

ATTACHMENT

60034632

N01000004941

WINTER PARK FL 32789	
WHITE, JOHN 2651 COCHISE TRAIL WINTER PARK FL 32789	D

Annual Reports

Report Year	Filed Date
2003	01/07/2003
2004	02/06/2004
2005	01/17/2005

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

[01/17/2005 - ANNUAL REPORT](#)
[02/06/2004 - ANN REP/UNIFORM BUS REP](#)
[01/07/2003 - ANNUAL REPORT](#)
[01/30/2002 - ANN REP/UNIFORM BUS REP](#)
[07/10/2001 - Domestic Non-Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)