


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006528 1. Entity Name THE YAJIN ART CENTER, INC.	
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Principal Place of Business 600 S ORLANDO AVE STE 301 MAITLAND, FL 32751	Mailing Address 600 S ORLANDO AVE STE 301 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3743370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEST, PAUL S 600 S. ORLANDO AVE. STE 301 MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIELAFF, PAMELA G 1121 BAYSHORE CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIELAFF, JOHN T 1121 BAYSHORE CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUTON, STEVEN S 1121 BAYSHORE CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, PAUL S 600 S. ORLANDO AVE STE 301 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/10/05-80078-005 61.25

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.

SIGNATURE: Paul S. West **PAUL S. WEST
TREASURER** 1/4/2005 (407)331-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #