

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90017 005 ****70.00

DOCUMENT # N01000006710

1. Entity Name
1ST STUDIO ARTS & CULTURAL CENTER, INC.



Principal Place of Business
1375 WEST 33RD STREET
WEST PALM BEACH, FL 33404

Mailing Address
1375 WEST 33RD STREET
WEST PALM BEACH, FL 33404

44048046



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *Riviera beach*

City & State *Riviera beach*

Zip Country

Zip Country

03182003 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1152497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MAVOUR, JOI~~
1375 WEST 33RD STREET
WEST PALM BEACH, FL 33404

Name *MAVOUR*

Street Address (P.O. Box Number is Not Acceptable)

City *Riviera beach* FL Zip Code

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]* *Joi Mavour*

7/7/04

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 September 8, 2004

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 PD
NAME RAVENELL, JULIE
STREET ADDRESS 1375 WEST 33RD STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *Riviera beach, 33404* ☐ Change ☐ Addition

TITLE VD
NAME ~~CANED, SHIRLEY~~
STREET ADDRESS 1375 WEST 33RD STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *Zanier
Riviera beach, 33404* ☐ Change ☐ Addition

TITLE T
NAME ~~MILLER, TAMMIE~~
STREET ADDRESS ~~1375 WEST 33RD STREET~~
CITY-ST-ZIP ~~WEST PALM BEACH, FL 33407~~ ☒ Delete

TITLE T
NAME *Jacqueline Abraham*
STREET ADDRESS *1375 west 33rd street, riviera beach, fl*
CITY-ST-ZIP *33404* ☒ Change ☐ Addition

TITLE S
NAME ~~MILLER, TAMMIE~~
STREET ADDRESS ~~1375 WEST 33RD STREET~~
CITY-ST-ZIP ~~RIVIERA BEACH, FL~~ ☒ Delete

TITLE S
NAME *Jacqueline Abraham*
STREET ADDRESS *1375 West 33rd street, riviera beach, fl*
CITY-ST-ZIP *33404* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 information empowered.

SIGNATURE: *[Signature]* *Joi Mavour*

7/7/04

561-848-4099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #