

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000145

FILED
May 11, 2005
Secretary of State

Entity Name: ARCADIA ANTIQUE ASSOCIATION, INC.

Current Principal Place of Business:

33 WEST OAK ST
ARCADIA, FL 34266

New Principal Place of Business:

313 WEST OAK ST
ARCADIA, FL 34266

Current Mailing Address:

33 WEST OAK ST
ARCADIA, FL 34266

New Mailing Address:

313 WEST OAK ST
ARCADIA, FL 34266

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER, FL 34266 US

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: PD () Delete
Name: RIFE, FLORENCE
Address: 33 WEST OAK ST
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: PAYNE, JACK
Address: 5150 HILLSBOROUGH BLVD
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: QUAVE, CYDNEY
Address: 15 S POLK AVE
City-St-Zip: ARCADIS, FL 34266

Title: D () Delete
Name: EHLING, ANGELA
Address: 3115 SW HARVEY AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: SHEPPARD, MARY
Address: 12 WEST OAK ST
City-St-Zip: ARCADIS, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EHLING, JERROD
Address: 3115 SW HARVEY AVE
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA EHLING

SEC

05/11/2005

Electronic Signature of Signing Officer or Director

Date