

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 24, 2008
Secretary of State

DOCUMENT# N02000003672

Entity Name: THE OUTDOOR ARTS FOUNDATION, INC.**Current Principal Place of Business:**1285 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33759**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 323
SAFETY HARBOR, FL 34695**New Mailing Address:****FEI Number:** 45-0478133**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOULDE, JASON A
1285 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33759 US**Name and Address of New Registered Agent:**

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: CPD () Delete
Name: GOULDE, JASON
Address: 1285 N. MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33759

Title: VD () Delete
Name: NICKLAUS-BALL, LENNE
Address: 513 55TH AVENUE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VD () Delete
Name: REED, JAMES
Address: 1513 SOUTH ARRAWANA AVENUE
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Delete
Name: BENJAMIN, SUSAN
Address: 1778 CROSS CREEK WAY WEST
City-St-Zip: DUNEDIN, FL 34698

Title: SD (X) Delete
Name: PAVLIGA, HEATHER
Address: 3205 W. DE LEON ST, UNIT A
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SLATOR, BRIAN
Address: 32815 U.S. HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: TD (X) Change () Addition
Name: BENJAMIN, SUSAN
Address: 1778 CROSS CREEK WAY WEST
City-St-Zip: DUNEDIN, FL 34698

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JASON GOULDE

CPD

09/24/2008

Electronic Signature of Signing Officer or Director

Date