

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003672

FILED  
Mar 20, 2009  
Secretary of State

**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 (X)**

**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: SLATOR, BRIAN  
Address: 32815 U.S. HWY 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

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

**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:

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

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date