

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90146 045 ****61.25

DOCUMENT # N030000003175

1. Entity Name

WEST MIAMI ARTS, INC.



Principal Place of Business

4120 NORTHWEST 166TH STREET
MIAMI FL 33054

Mailing Address

PO BOX 421855
MIAMI FL 33242

2. Principal Place of Business

1417 N.E. 152 Ter

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 421855

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

N.M.B FL

Zip

33152

Country

U.S.A.

City & State

miami FL

Zip

33242

Country

U.S.A.

4. FEI Number

65-1182642

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

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

Tercina D. Turner President Tercina D. Turner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-30-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, TERCINA D	
STREET ADDRESS	4120 NORTHWEST 166TH STREET	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUTCHERSON, KATHERINE	
STREET ADDRESS	4120 NORTHWEST 166TH STREET	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUTON, MELVA C	
STREET ADDRESS	4120 NORTHWEST 166TH STREET	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, FRED J	
STREET ADDRESS	4120 NORTHWEST 166TH STREET	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, Gwendolyn	
STREET ADDRESS	14901 MONROE ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHERSON, KATHERINE	
STREET ADDRESS	1780 N.W 5 AVE # B	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Tercina D. Turner President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-05

Date

954-829-5183

Daytime Phone #