

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90004 008 \*\*\*\*70.00

**DOCUMENT # N03000003583**



1. Entity Name  
**THE AZUNO SCHOOL OF THE ARTS INC.**

Principal Place of Business  
**1700 NW 58TH TERRACE  
APT. 3A  
SUNRISE, FL 33313**

Mailing Address  
**1700 NW 58TH TERRACE  
APT. 3A  
SUNRISE, FL 33313**

**54064643**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**GIBBS, LEROY J II  
1700 NW 58TH TERRACE  
APT. 3A  
SUNRISE, FL 33313**

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

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

TITLE **PTD** ☐ Delete  
NAME **GIBBS, LEROY J II**  
STREET ADDRESS **1700 NW 58TH TERRACE #3A**  
CITY-ST-ZIP **SUNRISE, FL 33313**

TITLE **VD** ☐ Delete  
NAME **GIBBS, CLAUDETTE**  
STREET ADDRESS **1700 NW 58TH TERRACE #3A**  
CITY-ST-ZIP **SUNRISE, FL 33313**

TITLE **SD** ☐ Delete  
NAME **JONES, PHYLLIS**  
STREET ADDRESS **2830 NW 15 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Leroy J. Gibbs II*  
**LEROY J. GIBBS II**

Date

Daytime Phone #

**7/20/04 (954) 233-3679**