2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N03000005042

Entity Name: ART CREATION FOUNDATION FOR CHILDREN, INC.

Current Principal Place of Business:

108 WESTWOOD COURT
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

108 WESTWOOD COURT
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 65-1196151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, JUDY A
108 WESTWOOD COURT
ATLANTIS, FL 33462 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:	P	( ) Delete
Name:	HOFFMAN, JUDY A	
Address:	108 WESTWOOD CT	
City-St-Zip:	ATLANTIS, FL 33402 US	
Title:	VP	( ) Delete
Name:	VLADIMIR, SIMEON	
Address:	1565 QUAIL DR #6F212	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	T	( ) Delete
Name:	NICHOLAS, RUGGERI J CPA	
Address:	10929 NORTH 56TH ST	
City-St-Zip:	TAMPA, FL 33617 US	
Title:	DIR	( ) Delete
Name:	BASTIEN, TURGO	
Address:	1565 QUAIL DR F212	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	SEC	( ) Delete
Name:	WEBER, MARCIA	
Address:	1050 WOODLEY RD	
City-St-Zip:	MONTGOMERY, AL 36106 US	
Title:	D	( ) Delete
Name:	FREEMAN, GALE	
Address:	6700 PAMELA LN	
City-St-Zip:	WEST PALM BEACH, FL 33405 US	

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:	( ) 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: JUDY A HOFFMAN PRES 02/04/2009
Electronic Signature of Signing Officer or Director — Date