2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N03000006238

Entity Name: ARTS FOR ALL, INC.

Current Principal Place of Business:

13815 VACATION LANE
SUITE B
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

7107 N. HOWARD AVENUE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 20-0414103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 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:	DIR	( ) Delete
Name:	RIVERS, WILLIAM T	
Address:	13815 VACATION LANE	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	DIR	( ) Delete
Name:	GOVIN, RONALD A	
Address:	6821 BLUFFS BLVD	
City-St-Zip:	TEMPLE TERRACE, FL 33617 US	
Title:	DIR	( ) Delete
Name:	LAKUS, PRISCILLA	
Address:	716 S PACKWOOD AVENUE	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	VP	( ) Delete
Name:	WREN, JODY PRES	
Address:	7107 N HOWARD AVENUE	
City-St-Zip:	TAMPA, FL 33604 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:	

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: JODY WREN VP 04/05/2009

Electronic Signature of Signing Officer or Director — Date