



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90010 039 ****61.25

DOCUMENT # N03000007572 1. Entity Name CENTER FOR EDUCATION SCHOOL OF THE ARTS, INC.					
Principal Place of Business 5835 MEMORIAL HWY. SUITE #8 TAMPA, FL 33615			Mailing Address 5835 MEMORIAL HWY. SUITE #8 TAMPA, FL 33615		
2. Principal Place of Business <i>6105 MEMORIAL Hwy</i>		3. Mailing Address <i>6105 MEMORIAL Hwy</i>			
Suite, Apt. #, etc. <i>A</i>		Suite, Apt. #, etc. <i>A</i>		08262004 Chg-NP CR2E037 (10/03)	
City & State <i>TAMPA FL</i>		City & State <i>TAMPA FL</i>		4. FEI Number <i>200171920</i>	
Zip <i>33615</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, DAWN R 6001 TAMPA SHORES BLVD. TAMPA, FL 33615			7. Name and Address of New Registered Agent Name <i>White, DAWN R.</i> Street Address (P.O. Box Number is Not Acceptable) <i>6208 Picadilly CT APT 165</i> City <i>Tampa,</i> FL Zip Code <i>33614</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, DAWN R 6001 TAMPA SHORES BLVD. TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WHITE, DAWN R. 6208 Picadilly CT APT 165 TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, SANDRA Y 7209 FLOWERFIELD DR. TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GRIFFIN, Sandra Y 7209 FLOWERFIELD DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MITCHELL, JIMMY J SR. 8413 AARON AVE. TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/D MITCHELL, Jimmy J. SR 8413 AARON AVE TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NADINE L. MITCHELL 8413 AARON AVE TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sandra Y Griffin (Sandra Y. Griffin) VP</i> 8/30/04 (813) 431-1348 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					