


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90002 004 ****61.25

DOCUMENT # N03000009356 1. Entity Name ART & SOUL FOUNDATION INC.					
Principal Place of Business 9155 S. DADELAND BLVD., STE. 1506 MIAMI, FL 33156			Mailing Address 9155 S. DADELAND BLVD., STE. 1506 MIAMI, FL 33156		
2. Principal Place of Business 1422 COLONIAL DR Suite, Apt. #, etc.			3. Mailing Address 1422 COLONIAL DR Suite, Apt. #, etc.		
City & State TALLAHASSEE, FL			City & State TALLAHASSEE, FL		
Zip 32303		Country USA		4. FEI Number 20-1253304	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, MATTHEW L 9155 S. DADELAND BLVD., STE. 1506 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name CINDY JACOBS Street Address (P.O. Box Number is Not Acceptable) 1422 COLONIAL DR City TALLAHASSEE FL Zip Code 32303		
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 <i>Cindy Jacobs</i> DATE June 30, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D JACOBS, CYNTHIA 9155 S. DADELAND BLVD., STE. 1506 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1422 COLONIAL DR TALLAHASSEE FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MATTHEW L 9155 S. DADELAND BLVD., STE. 1506 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MARY MARGARET HODGES 1581 CLIFFORD HILL PLACE TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODMAN, MARION 9155 S. DADELAND BLVD., STE. 1506 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SARAH BLEAKLEY 1519 ARGONNE DR TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHY DAVIS 5390 THREE SISTERS CIR EVERGREEN, CO 80439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHY DAVIS 5390 THREE SISTERS CIR EVERGREEN, CO 80439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Cynthia J. Jacobs</i>			6/30/04 850-591-2582		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		