

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009356

FILED
Feb 12, 2006
Secretary of State

Entity Name: ART & SOUL FOUNDATION INC.

Current Principal Place of Business:

1422 COLONIAL DR
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1422 COLONIAL DR
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-1253304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, CINDY
1422 COLONIAL DR
TALLAHASSEE, FL 32303 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: PCHM () Delete
Name: JACOBS, CYNTHIA
Address: 1422 COLONIAL DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: HODGES, MARY MARGARET
Address: 1581 CLIFFORD HILL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: BLEAKLEY, SARAH
Address: 1519 ARGONNE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: DAVIS, CATHY
Address: 5390 THREE SISTERS CIR
City-St-Zip: EVERGREEN, CO 80439

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 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: CINDY JACOBS

PCHM

02/12/2006

Electronic Signature of Signing Officer or Director

Date