2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004922

Entity Name: ARTS ALLIANCE OF LEMON BAY, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:											
185 WINSON AVENUE ENGLEWOOD, FL 34223 Current Mailing Address: 185 WINSON AVENUE ENGLEWOOD, FL 34223				477 W DEARBORN ST. ENGLEWOOD, FL 34223 New Mailing Address: 477 W DEARBORN ST. ENGLEWOOD, FL 34223											
								FEI Number:	: 56-2460291	FEI Number Applied For ()	FEI Num	nber Not Appl	icable ()	Certificate of St	atus Desired ()
								Name and	Address of C	ırrent Registered Agent:		Name and	Address of	New Registered	d Agent:
444 WEST ENGLEW	N, JR., HARRY S DEARBORN S DOD, FL 34223 named entity s of Florida.	STREET	ourpose of	f changing i	ts registered	office or register	ed agent, or both,								
SIGNATU	RE:														
	Electroni	c Signature of Registered Age	ent			Date									
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFFICERS	AND DIRECTORS								
Title: Name: Address: City-St-Zip:	PD () TRYDER, WILLI 185 WINSON AV ENGLEWOOD, F	ENUE		Title: Name: Address: City-St-Zip:	PD (HORTON, ES 1017 BAY HA ENGLEWOO	RBOR DR	ion								
Title: Name: Address: City-St-Zip:	D () KESTER, THOM 275 CEDAR STE ENGLEWOOD, F	EET		Title: Name: Address: City-St-Zip:	(()Change ()Addit	ion								
Title: Name: Address: City-St-Zip:	VPD () BORCHARD, ST 91 N. BROADWA ENGLEWOOD, F	AY ST.		Title: Name: Address: City-St-Zip:	(()Change ()Addit	ion								
Title: Name: Address: City-St-Zip:	SEC () HORTON, ESTH 1017 BAY HARB ENGLEWOOD, F	OR DR		Title: Name: Address: City-St-Zip:	TREA (REYNOLDS, 7086 TUXED ENGLEWOO	O ST	ion								
Title: Name: Address: City-St-Zip:	TREA () DEMETRIOU, MA 175 CEDAR STE ENGLEWOOD, F	EET		Title: Name: Address: City-St-Zip:	SEC (DEMETRIOU 175 CEDAR S ENGLEWOO	STREET	ion								
Title: Name: Address: City-St-Zip:	D () DAVIDSON, DIAI 91 N. BROADW/ ENGLEWOOD, F	AY ST		Title: Name: Address: City-St-Zip:	(()Change ()Addit	ion								

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: ESTHER A HORTON PRES 03/24/2009