

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008260

FILED
Apr 28, 2006
Secretary of State

Entity Name: ARTISTS FOR CHARITIES INCORPORATED

Current Principal Place of Business:

PO BOX 460940
FORT LAUDERDALE, FL 33346 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 460940
FORT LAUDERDALE, FL 33346 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOLIE, IDANIA
10120 SW 15TH PLACE
DAVIE, FL 33324 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: D, P () Delete
Name: LALLOUZ, RHONDA
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: D,VP () Delete
Name: LALLOUZ, ELYAHOU
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: D () Delete
Name: ACKERSON, CHARLES
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: D,S () Delete
Name: LEVITT, RON
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: D () Delete
Name: LAWRENCE, DOC
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: D,T () Delete
Name: JOLIE, IDANIA
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346

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:

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: RHONDA LALLOUZ

D,P

04/28/2006

Electronic Signature of Signing Officer or Director

Date