

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006550

FILED
Apr 19, 2006
Secretary of State

Entity Name: FLORIDA SPECIAL ARTS CENTER, INC.

Current Principal Place of Business:

C/O L. JERRY COHEN
8333 W MCNAB RD STE 203
TAMARAC, FL 33321

New Principal Place of Business:

C/O L. JERRY COHN
8333 W MCNAB RD STE 203
TAMARAC, FL 33321

Current Mailing Address:

C/O L. JERRY COHEN
8333 W MCNAB RD STE 203
TAMARAC, FL 33321

New Mailing Address:

C/O L. JERRY COHN
8333 W MCNAB RD STE 203
TAMARAC, FL 33321

FEI Number: 20-3228691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHN, L. JERRY
8333 W MCNAB RD STE 203
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

COHN, L. JERRY
8333 W MCNAB RD
203
TAMARAC, FL 33321 US

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:

04/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHN, L. JERRY
Address: 8333 W MCNAB RD STE 203
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SPITZER, PHYLLIS
Address: 8001 NW 61 ST
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: KLEINERT, BARRIE
Address: 5356 NW 126 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: KLEINERT, ELLEN
Address: 5356 NW 126 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

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: L JERRY COHN

D

04/19/2006

Electronic Signature of Signing Officer or Director

Date