

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006550

FILED
Apr 23, 2008
Secretary of State

Entity Name: FLORIDA SPECIAL ARTS CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

10258 NW 46TH STREET
SUNRISE, FL 33351

Current Mailing Address:

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

New Mailing Address:

10258 NW 46TH STREET
SUNRISE, FL 33351

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
203
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

COHN, L. JERRY
10258 NW 46TH STREET
SUNRISE, FL 33351 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:

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRILL, SUSAN
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: D () Delete
Name: KLEINERT, ELLEN
Address: 5356 NW 126 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRILL, SUSAN
Address: 10258 NW 46TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KLEINERT, BARRIE G
Address: 8064 NW 72ND STREET
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: KLEINERT, ELLEN L
Address: 8064 NW 72 STREET
City-St-Zip: TAMARAC, FL 33321

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: ELLEN L KLEINERT

DIR

04/23/2008

Electronic Signature of Signing Officer or Director

Date