

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012468

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE ART WITHOUT BOUNDARIES FOUNDATION, INC.

**Current Principal Place of Business:**

6266 S. CONGRESS AVE., SUITE L-5  
LAKE WORTH, FL 33462

**New Principal Place of Business:**

4832 ESEDRA CT.  
#305  
LAKE WORTH, FL 33467

**Current Mailing Address:**

6266 S. CONGRESS AVE., SUITE L-5  
LAKE WORTH, FL 33462

**New Mailing Address:**

4832 ESEDRA CT.  
#305  
LAKE WORTH, FL 33467

**FEI Number:** 20-3309889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NANCY HANLON ASSOCIATES INC  
6266 S CONGRESS AVE #L5  
LANTANA, FL 33462 US

**Name and Address of New Registered Agent:**

PANIZZA, LAURA  
878 SAGE AVE.  
WELLINGTON, FL 33414 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: LAURA PANIZZA

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PARSONS, DENISE  
Address: 2111 LAURA LANE  
City-St-Zip: W. PALM BCH, FL 33415

Title: D ( ) Delete  
Name: HANLON, NANCY  
Address: 4804 PALO VERDE DR.  
City-St-Zip: BOYNTON BCH, FL 33436

Title: D ( ) Delete  
Name: SNOWWHITE, CINDY  
Address: 5294 10TH FAIRWAY DR., #2  
City-St-Zip: DELRAY BCH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PARSONS, DENISE  
Address: 1106 POWDERHORN RD.  
City-St-Zip: SIMPSONVILLE, SC 29681

Title: D (X) Change ( ) Addition  
Name: PANIZZA, LAURA  
Address: 878 SAGE AVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition  
Name: TEELE, MARCIA  
Address: P.O. BOX 243106  
City-St-Zip: BOYNTON BEACH, FL 33424

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: LAURA PANIZZA

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date