

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012468

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** THE ART WITHOUT BOUNDARIES ASSOCIATION, INC

**Current Principal Place of Business:**

6150 N. IRONWOOD LN.  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

6150 N. IRONWOOD LN.  
LANTANA, FL 33462

**New Mailing Address:**

**FEI Number:** 20-3309889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MNEMECORP, LLC  
6150 N. IRONWOOD LN  
LANTANA, FL 33462 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:** DIR  
**Name:** LOEWEN, LORI  
**Address:** 1895 BAKER WAY  
**City-St-Zip:** FINDLAY, OH 45840

**Title:** DIR  
**Name:** EDWARDS, JODY  
**Address:** 2706 HUFFMAN ST.  
**City-St-Zip:** WINONA LAKE, IN 46590

**Title:** DIR  
**Name:** PARCH, PAT  
**Address:** 6551 CIMARRON CIRCLE  
**City-St-Zip:** ANCHORAGE, AK 99504

**Title:** DIR  
**Name:** JUSSEL, MARY  
**Address:** 730 W. BRAEMERE RD  
**City-St-Zip:** BOISE, ID 83702

**Title:** DIR  
**Name:** KELLY, KATHRYN  
**Address:** 1405 SW 10TH PL.  
**City-St-Zip:** CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

**SIGNATURE:** LORI LOEWEN

TRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date