

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005592

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CULTURAL CANVAS, INC.

**Current Principal Place of Business:**

1001 NORTH BARCELONA STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NORTH BARCELONA STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 20-4971762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LATSHAW, MILDRED  
1001 NORTH BARCELONA STREET  
PENSACOLA, FL 32501 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: PD ( ) Delete  
Name: LATSHAW, SARA  
Address: 1001 NORTH BARCELONA STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete  
Name: LAMBE, ZOE  
Address: 65/41 SOI 7 SUNDOK ROAD  
City-St-Zip: CHIANG MAI, THAILAND 50200,

Title: D ( ) Delete  
Name: WILLIAMS, PAUL  
Address: 9 E GREGORY ST  
City-St-Zip: PENSACOLA, FL 32502

Title: TD ( ) Delete  
Name: BROWN, LOREN  
Address: 1702 STEPEN'S CREEK CT  
City-St-Zip: SUGARLAND, TX 77478

Title: SD ( ) Delete  
Name: MCCARTHY, ANNA  
Address: KNOCKBOUNCE KILLCULLEN  
City-St-Zip: COUNTY KILDARE, IRELAND,

**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:

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: SARA LATSHAW

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date