

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006402

FILED
Aug 30, 2009
Secretary of State

Entity Name: KNOW THY SELF EDUCATION & CULTURAL ARTS ACADEMY, INC.

Current Principal Place of Business:

705 BLAKE AVE.
BUILDING B
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

705 BLAKE AVE.
BUILDING B
COCOA, FL 32922

New Mailing Address:

FEI Number: 22-3935380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLINKSCALES, ALBERTA
2032 NOTTINGHAM ROAD
MELBOURNE, FL 32935 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: P () Delete
Name: CLINKSCALES, ALBERTA
Address: 2032 NOTTINGHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: T () Delete
Name: CLINKSCALES, DAVID
Address: 2032 NOTTINGHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: MUHAMMAD, OLIVER
Address: P.O. BOX 85
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: COLLIN, JACQUELINE
Address: 535 MIMOSA STREET
City-St-Zip: PALM BAY, FL 32908

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

Title: D () Change (X) Addition
Name: KING, ANGELETTE
Address: 1960 PARK AVE. APT 14C
City-St-Zip: NEW YORK, NY 10037

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: DAVID CLINKSCALES

T

08/30/2009

Electronic Signature of Signing Officer or Director

Date