

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007892

FILED
Mar 20, 2009
Secretary of State

Entity Name: PIONEERS IN THE ARTS INC

Current Principal Place of Business:

224 WASHINGTON AVE
11
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

224 WASHINGTON AVE
11
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 02-0782740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLERSON, PATRICIA
224 WASHINGTON AVE
11
HOMESTEAD, FL 33030 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: MELLERSON, PATRICIA
Address: 224 WASHINGTON AVE STE 11
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: JOHNSON, BARBARA
Address: 224 WASHINGTON AVE STE 11
City-St-Zip: HOMESTEAD, FL 33030

Title: DT () Delete
Name: DEOSARRAN, RICHARD
Address: 224 WASHINGTON AVE STE 11
City-St-Zip: HOMESTEAD, FL 33030

Title: DS () Delete
Name: ASHLEY, HELEN
Address: 155 S COOK AVENUE
City-St-Zip: TRENTON, NJ 08609

Title: D () Delete
Name: HUGGINS, CORNELL
Address: 4613 W GORE AVENUE
City-St-Zip: ORLANDO, FL 32811

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: PATRICIA MELLERSON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date