## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009090

FILED Feb 03, 2009 Secretary of State

Entity Name: DESOTO ARTS AND HUMANITIES COUNCIL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 207 EAST MAGNOLIA STREET ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** 207 EAST MAGNOLIA STREET 25256 PARAGUAY ST ARCADIA, FL 34266 PUNTA GORDA, FL 33983 FEI Number: 83-0484492 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINCENT A. SICA, P.A. 10 SOUTH DESOTO AVENUE, SUITE 101 ARCADIA, FL 34266 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DEMETZIS, ANNA DEMERTZIS, ANA Name: Name: 207 EAST MAGNOLIA STREET Address: 207 EAST MAGNOLIA STREET Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: ( ) Delete Title: () Change () Addition DAVIS, PAMELA Name: Name: Address: 207 EAST MAGNOLIA STREET Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WIGHT, LOIS J Name: RYAN, KAY Name: 25256 PARAGUAY ST. Address: 207 EAST MAGNOLIA STREET Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: PUNTA GORDA, FL 33983 Title: () Delete Title: () Change () Addition MARTIN, GORDON M Name: Name: 207 EAST MAGNOLIA STREET Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition BAINBRIDGE, JONATHAN Name: Name: 207 EAST MAGNOLIA ST. Address: Address: City-St-Zip: City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: ( ) Change (X) Addition PROVAU, MIKÉ Name: Name: Address: Address: 207 EAST MAGNOLIA ST. ARCADIA, FL 34266 City-St-Zip: 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: KAY RYAN T 02/03/2009