2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# N07000002071

Entity Name: FLORIDA NETWORK OF ARTS ADMINISTRATORS, INCORPORATED

Current Principal Place of Business:

402 OFFICE PLAZA
TALLAHASSEE, FL 323012757

New Principal Place of Business:

Current Mailing Address:

402 OFFICE PLAZA
TALLAHASSEE, FL 323012757

New Mailing Address:

FEI Number: 20-8636573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, JAMES T
402 OFFICE PLAZA
TALLAHASSEE, FL 323012757 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M ( ) Change (X) Addition
Name: PERRY, JAMES T
Address: 402 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: P/D ( ) Change (X) Addition
Name: COLLINS, CRAIG
Address: 750 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Change (X) Addition
Name: WILLIAMS, KENNETH E
Address: 1701 PRUDENTIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Change (X) Addition
Name: LUECHAUER, JOSEPH L
Address: 600 SE 3RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

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: JAMES T PERRY M 02/08/2008

Electronic Signature of Signing Officer or Director — Date