

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002071

FILED  
Apr 30, 2009  
Secretary of State

**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: M ( ) Delete  
Name: PERRY, JAMES T  
Address: 402 OFFICE PLAZA  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

**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:

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: VALERIA ANDERSON

DIR.

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date