

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006602

FILED
Mar 07, 2011
Secretary of State

Entity Name: THE INTERNATIONAL COUNCIL OF FINE ARTS DEANS, INC.

Current Principal Place of Business:

9617 53RD TERRACE EAST
LAKEWOOD RANCH, FL 34211

New Principal Place of Business:

Current Mailing Address:

PO BOX 110168
BRADENTON, FL 34211

New Mailing Address:

FEI Number: 75-1727752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, ELIZABETH
9617 53RD TERRACE EAST
LAKEWOOD RANCH, FL 34211 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: PP
Name: JONES, RON
Address: 4202 EAST FOWLER AVE FAH 110
City-St-Zip: TAMPA, FL 33620

Title: D
Name: STEPNIAK, MICHAEL
Address: 1460 UNIVERSITY DR
City-St-Zip: WINCHESTER, VA 22601

Title: P
Name: TYMAS-JONES, RAYMOND
Address: 375 SOUTH 1530 EAST - ROOM 250
City-St-Zip: SALT LAKE CITY, UT 85112

Title: D
Name: BETHUNE, BRIAN
Address: 2900 COMMUNITY COLLEGE AVENUE - 211 A&M
City-St-Zip: CLEVELAND, OH 44115

Title: D
Name: HOOD, MICHAEL
Address: 470 SOUTH ELEVENTH STREET - SPROWLS H. 110
City-St-Zip: INDIANA, PA 15705

Title: S
Name: LAVELLI, LUCINDA
Address: PO BOX 115800
City-St-Zip: GAINESVILLE, FL 32611

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH COLE

ED

03/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date