

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002526

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CREATIVE ARTS CAFE, INC.

## Current Principal Place of Business:

493 S. LAKEVIEW DRIVE  
LAKE HELEN, FL 32744

## New Principal Place of Business:

## Current Mailing Address:

493 S. LAKEVIEW DRIVE  
LAKE HELEN, FL 32744

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FEATHER, ROBERT G  
625 MACY AVENUE  
LAKE HELEN, FL 32744 US

## Name and Address of New Registered Agent:

CHESTER, KEITH L  
493 S. LAKEVIEW DR.  
LAKE HELEN, FL 32744 US

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: KEITH L. CHESTER

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete  
Name: CHESTER, KEITH L  
Address: 493 S. LAKEVIEW DRIVE  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Delete  
Name: ZENDER, KELLY  
Address: 493 S. LAKEVIEW DRIVE  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Delete  
Name: BISHOP, WAYNE  
Address: 493 S. LAKEVIEW DRIVE  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Delete  
Name: BANFAL-FEATHER, JAYSHRI  
Address: 493 S. LAKEVIEW DRIVE  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Delete  
Name: CITY COMMISSION MEMB, APPOINTED  
Address: 493 S. LAKEVIEW DRIVE  
City-St-Zip: LAKE HELEN, FL 32744

## 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: KEITH L CHESTER

P.D.

04/27/2009

Electronic Signature of Signing Officer or Director

Date