2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000004572

Entity Name: CHERISH THE ARTS FOUNDATION, INC.

Current Principal Place of Business:

306 W. BREVARD ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

745 WILLIE RUTH WILLIAMS LANE
QUINCY, FL 32351

Current Mailing Address:

306 W. BREVARD ST.
TALLAHASSEE, FL 32301

New Mailing Address:

745 WILLIE RUTH WILLIAMS LANE
QUINCY, FL 32351

FEI Number: 71-1050130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINLAY, CRYSTAL
306 W. BREVARD ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BROWN, RASHAD K
745 WILLIE RUTH WILLIAMS
QUINCY, FL 32351 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: RASHAD BROWN 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, RASHAD K
Address: 2420 GOTHIC DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete
Name: BROWN, JAQUALYNN
Address: 2420 GOTHIC DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: FINLAY, CRYSTAL R
Address: 306 W. BREVARD ST.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROWN, RASHAD K
Address: 745 WILLIE RUTH WILLIAMS LANE
City-St-Zip: QUINCY, FL 32351

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: RASHAD BROWN PD 04/30/2009
Electronic Signature of Signing Officer or Director Date