## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000009221

FILED Sep 03, 2009 Secretary of State

Entity Name: PATTERSON ACADEMY FOR THE ARTS, INC.

Current Principal Place of Business: New Principal Place of Business:

1544 W. 25TH ST 7820 ARLINGTON EXPRESSWAY

JACKSONVILLE, FL 32209 US 200

JACKSONVILLE, FL 32211 US

Current Mailing Address: New Mailing Address:

1544 W. 25TH ST 221 N. HOGAN STREET

JACKSONVILLE, FL 32209 US 407 JACKSONVILLE, FL 32202 US

FEI Number: 80-0289357 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTHONEE, PATTERSON HUGHES, DE VONDALYN P EX. DIR 1544 W. 25TH ST 1544 W. 25TH ST

JACKSONVILLE, FL 32209 US JACKSONVILLE, FL 32209 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: DE VONDALYN PATTERSON-HUGHES 09/03/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 DIR
 (X) Change ( ) Addition

 Name:
 HUGHES, PATTERSON PRES
 Name:
 HUGHES, DE VONDALYN P EX. DIR

Address: 1544 W. 25TH ST. Address: 1544 W. 25TH ST.

City-St-Zip: JACKSONVILLE, FL 32209 US City-St-Zip: JACKSONVILLE, FL 32209 US

Title: VP ( ) Delete Title: CFO (X) Change ( ) Addition

 Name:
 HUGHES, ANGELA
 Name:
 LOCKETT, LOLITA M CFO

 Address:
 301 PRIMROSE CT
 Address:
 11251 YOUNG ROAD

 City-St-Zip:
 BELLEMEAD, NJ 08502 US
 City-St-Zip:
 JACKSONVILLE, FL 32218 US

Title: TRES (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PATTERSON, ANTHONEE
 Name:

 Address:
 1544 W 25TH ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209 US
 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: DE VONDALYN PATTERSON-HUGHES DIR 09/03/2009