

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009772

FILED
Jul 08, 2009
Secretary of State

Entity Name: PROJECT A.R.T.S., INC.

Current Principal Place of Business:

4309 SW 70TH TERRACE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4309 SW 70TH TERRACE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 26-3603653 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:

TURNER, OTHEL
5787 W SUNRISE BLVD
PLANTATION, FL 33313 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: PD () Delete
Name: COTTLE, BERNARD
Address: 4309 SW 70TH TERRACE
City-St-Zip: DAVIE, FL 33314

Title: VPD () Delete
Name: MCKNIGHT, JAMES
Address: 16705 BERKSHIRE CT
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: SD () Delete
Name: SMITH, RODNEY ESQ
Address: 17995 NW 60TH PL
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: JACIR, MARCELO CONSULT
Address: 1046 WATERSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: TD () Delete
Name: MCKNIGHT, MIKKI
Address: 16705 BERKSHIRE CT
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: ROLLINS, TONY CONSULT
Address: 6649 NW 128TH WAY
City-St-Zip: PARKLAND, FL 33076

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: BERNARD COTTLE

PD

07/08/2009

Electronic Signature of Signing Officer or Director

_____ Date