

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010279

FILED
Apr 15, 2009
Secretary of State

Entity Name: COMMUNITY ARTS CONNECTION OF SOUTH LAKE, INC

Current Principal Place of Business:

10801 VIA CAPRI LANE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1680 BROLGA STREET
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 26-3682802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKETT, LYNNE A
1680 BROLGA STREET
GROVELAND, FL 34736 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: P () Delete
Name: ROUNSAVILLE, TIMOTHY J
Address: 10801 VIA CAPRI LANE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: OUSLEY, JOE
Address: 17421 SUMMER OAK LANE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: BURKETT, LYNNE A
Address: 1680 BROLGA STREET
City-St-Zip: GROVELAND, FL 34736 US

Title: T () Delete
Name: TRUSCOTT, DENISE
Address: 427 GENTLE BREEZE DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: M () Delete
Name: REEVES, MICHELLE
Address: 1094 PRINCETON DRIVE
City-St-Zip: CLERMONT, FL 34711

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: LYNNE BURKETT

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date