

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011130

FILED
Apr 20, 2009
Secretary of State

Entity Name: EXPLORER FINE ARTS BOOSTER CLUB INC

Current Principal Place of Business:

5801 AUGUSTO STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

13350 N.E. 3RD CT
MIAMI, FL 33161

Current Mailing Address:

5801 AUGUSTO STREET
CORAL GABLES, FL 33146

New Mailing Address:

13350 N.E. 3RD CT
MIAMI, FL 33161

FEI Number: 80-0314456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICABA, EILEEN D
13350 N.E. 3RD CT
MIAMI, FL, FL 33161 US

Name and Address of New Registered Agent:

BICABA, EILEEN D
13350 N.E. 3RD CT
MIAMI, FL 33161 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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BICABA, EILEEN
Address: 13350 N.E. 3RD CT
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: ESTHER, ALESPEITI
Address: 4248 SW 154 CT
City-St-Zip: MIAMI, FL 33185

Title: T () Delete
Name: LISA, GRINKIEWICZ
Address: 3011 S. MIAMI AVE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALESPEITI, ESTHER
Address: 4248 SW 154 CT
City-St-Zip: MIAMI, FL 33185

Title: T (X) Change () Addition
Name: GRINKIEWICZ, LISA
Address: 3011 S. MIAMI AVE
City-St-Zip: MIAMI, FL 33129

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: LISA GRINKIEWICZ

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date