2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N15565

Entity Name: ARTS ALLIANCE OF NASSAU COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 1105
FERNANDINA BEACH, FL 32035 US

New Principal Place of Business:

1813 AMELIA AVENUE
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

P.O. BOX 1105
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

P.O. BOX 1070
FERNANDINA BEACH, FL 32035 US

FEI Number: 59-2695800 **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:

HART, CATHERINE C
1813 AMELIA AVE.
FERNANDINA BEACH, FL 32034 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: T ( ) Delete
Name: HART, CATHERINE C
Address: 1813 AMELIA AVE.
City-St-Zip: FENANADINA BEACH, FL 32034

Title: PD ( ) Delete
Name: ROBERTS, BEANO
Address: 333 N FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL

Title: D ( ) Delete
Name: ANTWORTH, KAREN
Address: 2232 BONNIE OAKS DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

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: KATE HART T 05/02/2007
Electronic Signature of Signing Officer or Director — Date