FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:58

DOCUMENT # N18020 (0)

1. Corporation Name
THE ARMORY ART CENTER, INC.

Principal Place of Business	Mailing Address
1703 SOUTH LAKE AVENUE WEST PALM BEACH FL 33401	1703 SOUTH LAKE AVENUE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1986
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2808612 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MR. KIRK GRANTHAM
1860 FOREST HILL BLVD
#105
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☒ Change ☐ Addition CD
NAME	FINLEY, WILLIAM	1.2 NAME	Thomas Tribby
STREET ADDRESS	3 BEACHWAY NORTH	1.3 STREET ADDRESS	287 Valencia Rd
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	West Palm Beach, Fl 33405
TITLE	VCD	2.1 TITLE	☒ Change ☐ Addition VC
NAME	MONTGOMERY, MARY	2.2 NAME	James Swope
STREET ADDRESS	1800 SOUTH OCEAN	2.3 STREET ADDRESS	1701 So. Olive Avenue
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	West Palm Beach, Fl 33401
TITLE	VCD	3.1 TITLE	☐ Change ☐ Addition
NAME	TRIBBY, THOMAS	3.2 NAME	
STREET ADDRESS	287 VALENCIA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	KAPSOS, JED	4.2 NAME	Kapsos, Jed
STREET ADDRESS	222 LAKEVIEW AVENUE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	SWOPE, JAMES	5.2 NAME	Henry Gardiner
STREET ADDRESS	1701 SOUTH OLIVE AVENUE	5.3 STREET ADDRESS	2885 Eagle Lane
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	West Palm Beach, Fl 33409
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/25/95 407-832-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Henry Gardiner

0047846