

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90040 012 ****70.00

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DOCUMENT # N18020

1. Corporation Name

THE ARMORY ART CENTER, INC.

100954 - 90040 - 12

Principal Place of Business

1703 SOUTH LAKE AVENUE
WEST PALM BEACH FL 33401

Mailing Address

1703 SOUTH LAKE AVENUE
WEST PALM BEACH FL 33401



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/01/1986

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **WILLIAM FINLEY**
STREET ADDRESS **3 BEACHWAY NO.**
CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE **TD** ☐ DELETE
NAME **FAUST, GREG**
STREET ADDRESS **211 ESPLANADE WAY**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **SD** ☒ DELETE
NAME **FERREIRA, HELEN**
STREET ADDRESS **201 ANGLER AVE**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **VC** ☐ DELETE
NAME **SWOPE, JAMES**
STREET ADDRESS **1701 SOUTH OLIVE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Nancy Lambrecht**
1.3 STREET ADDRESS **3067 Nainsail CR**
1.4 CITY-ST-ZIP **Jupiter FL 33477**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99

Date

561-832-1776

Daytime Phone #

CR2E037 (11/98)