2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90327 044 ****61.25

DOCUMENT # N18020

1. Entity Name
THE ARMORY ART CENTER, INC.

Principal Place of Business	Mailing Address
1700 PARKER AVENUE WEST PALM BEACH, FL 33401	1700 PARKER AVENUE WEST PALM BEACH, FL 33401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2808612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, NANCY
3067 MAINSAIL CIRCLE
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name JAMES SWOPE
Street Address (P.O. Box Number is Not Acceptable)
314 FLAMINGO DRIVE
City WEST PALM BEACH **FL** Zip Code 33401

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Swope JAMES SWOPE 4/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR SILPE, LINDA 940 S OCEAN BOULEVARD MANALAPAN, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RICHAD DITIZIO 14813 DRAFTHORSE LANE WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LAMBRECHT, NANCY 3067 MAINSAIL CIR JUPITER, FL 33477	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D KENNETH SANTUCCI 3322 CASSEEKEY ISLAND RD. JUPITER, FL 33479	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGER, ROBERT 597 N COUNTRY CLUB DRIVE ATLANTIS, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D LINDA SILPE 940 S. OCEAN BLVD. MANALAPAN, FL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ANN 119 COMMODORE DRIVE JUPITER, FL 33477	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D HERB ALTHOLZ 11974 S. EDGEWATER DRIVE PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELANDER, BRUCE 1201 FLORIDA AVENUE WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D ANNIE FALK 600 TARPON WAY PALM BEACH, FL 33480	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREGMAN, HOWARD 777 S. FLAGLER DR., #310E WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES SWOPE 314 FLAMINGO DRIVE WEST PALM BEACH, FL 33401	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Swope JAMES SWOPE 4/14/05 561-833-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #