2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90441 021 ****70.00

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

04182006 Chg-NP CR2E037 (11/05)

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

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

SWOPE, JAMESZ
314 FLAMINGO DRIVE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
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, 2006

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	PD DITIZIO, RICHARD 14813 DRAFTHORSE LANE WELLINGTON, FL 33414	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NANCY LAMBRECHT 143 ROTUNDA DRIVE JUPITER, FL 33477	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANTUCCI, KENNETH 3322 CASSEEKEY ISLAND RD JUPITER, FL 33479	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KENNETH SANTUCCI 3322 CASSEEKEY ISLAND RD. JUPITER, FL 33479	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SILPE, LINDA 940 S OCEAN BLVD MANALAPAN, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALTHOLZ, HERB 11974 S EDGEWATER DR PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FALK, ANNIE 600 TARPON WAY PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ANNIE FALK 600 TARPON WAY PALM BEACH, FL 33480	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWOPE, JAMES 314 FLAMINGO DRIVE WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Therese M Shehan THERESE M. SHEHAN 4/26/2006 561-832-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #