2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18020

1. Entity Name
THE ARMORY ART CENTER, INC.

FILED
07 MAY 10 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
SWOPE, JAMES 314 FLAMINGO DRIVE WEST PALM BEACH, FL 33401	Name SWOPE, JAMES Street Address (P.O. Box Number is Not Acceptable) SAME 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	SD LAMBRECHT, NANCY 143 ROTUNDA DR JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT 20010813227 2 05/24/07--01013--002 **70.00	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTUCCI, KENNETH 3322 CASSEEKEY ISLAND RD JUPITER, FL 33479	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KOONS, JEFF 301 N. OLIVE AVE. 4TH FLOOR WEST PALM BEACH, FL 33401	☐ 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	TREASURER WECHSLER, ROBERT 3450 S. OCEAN BLVD. APT. 717 PALM BEACH, FL 33480	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FALK, ANNIE 600 TARPON WAY PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY	☑ 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: _____ 4/18/2007 561-822-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #