2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N18020

Entity Name: THE ARMORY ART CENTER, INC.

Current Principal Place of Business:

1700 PARKER AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1700 PARKER AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2808612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWOPE, JAMES
314 FLAMINGO DRIVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LAMBRECHT, NANCY	
Address:	143 ROTUNDA DR	
City-St-Zip:	JUPITER, FL 33477	
Title:	P	( ) Delete
Name:	KOONS, JEFF	
Address:	301 N. OLIVE AVE., 12TH FLOOR	
City-St-Zip:	WEDST PALM BEACH, FL 33401	
Title:	SD	( ) Delete
Name:	SILPE, LINDA	
Address:	132 SEMINOLE AVE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	T	( ) Delete
Name:	WECHSLER, ROBERT	
Address:	3450 S. OCEAN BLVD., APT. 717	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	FALK, ANNIE	
Address:	600 TARPON WAY	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	SWOPE, JAMES	
Address:	314 FLAMINGO DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PORTEN, HERMAN	
Address:	132 SEMINOLE AVE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	SD	(X) Change ( ) Addition
Name:	SILPE, LINDA	
Address:	940 S OCEAN BLVD	
City-St-Zip:	MANALAPAN, FL 33462	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	SWOPE, JAMES	
Address:	314 FLAMINGO DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRETT LOVETT OD 04/09/2009

Electronic Signature of Signing Officer or Director — Date