

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18265

FILED
Apr 13, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF LOCAL ARTS AGENCIES, INC.

Current Principal Place of Business:

5600 N. FLAGLER DR.
#1410
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 3486
WEST PALM BEACH, FL 33402 US

New Mailing Address:

PO BOX 2873
WEST PALM BEACH, FL 33402 US

FEI Number: 53-2952677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SHERRON
5600 N. FLAGLER DR.
#1410
WEST PALM BEACH, FL 33407 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: VPD () Delete
Name: BECHT, MARY
Address: 100 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: CASWELL, PATRICIA
Address: 1351 FRUITVILLE RD
City-St-Zip: SARASOTA, FL

Title: DT () Delete
Name: KEEBLE, ARTHUR
Address: 725 E KENNEDY ST
City-St-Zip: TAMPA, FL

Title: COO () Delete
Name: LONG, SHERRON
Address: 5600 N. FLAGLER DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: BURKE, KAY E
Address: 2725 JUDGE FEAN JAMIESON WAY, C202
City-St-Zip: VIERA, FL 32940

Title: SD (X) Delete
Name: HASKELL, MONICA
Address: 5100 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNIGHT, MARGOT
Address: 253 NORTH ORLANDO AVENUE, SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HASKELL, MONICA
Address: 5100 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRON LONG

CCO

04/13/2007

Electronic Signature of Signing Officer or Director

Date