

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 20, 2011
Secretary of State

DOCUMENT# N20081

Entity Name: FIRST CITY ARTS ALLIANCE, INC.**Current Principal Place of Business:**401 NORTH REUS STREET
PENSACOLA, FL 32501**New Principal Place of Business:****Current Mailing Address:**P O BOX 12971
PENSACOLA, FL 32591**New Mailing Address:****FEI Number:** 59-2787230**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BAILEY, DAVID
162 BRAMBLE STREET
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**CONRAD, MICHAEL P M.D.
1200 FT. PICKENS RD.
#8F
PENSACOLA BEACH, FL 32561 US

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: MICHAEL P. CONRAD, M.D.

08/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CONRAD, MICHAEL P M.D.
Address: 1200 FT. PICKENS RD. #8F
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VPD
Name: TAYLOR, STEPHANIE A
Address: 648 E. ROMANA ST
City-St-Zip: PENSACOLA, FL 32502

Title: T
Name: MINTON, MARTY
Address: 781 MOHEGAN CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: VSEC
Name: MOODY, STEPHEN D
Address: 1836 E. BLOUNT ST.
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P. CONRAD, M.D.

PD

08/20/2011

Electronic Signature of Signing Officer or Director

Date