

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90075 019 \*\*\*\*61.25



**DOCUMENT # N25853**

1. Entity Name

TRIBAL ARTS SOCIETY, INC.

Principal Place of Business

1301 STANFORD DR.  
LOWE ART MUSEUM U-MIAMI  
CORAL GABLES FL 33146  
US

Mailing Address

1301 STANFORD DR.  
LOWE ART MUSEUM U-MIAMI  
CORAL GABLES FL 33146  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number  
**65-0098541**

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

DOSWELL, SHERRY A  
5901 SW 102ND STREET  
MIAMI FL 33156

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE TD  
NAME DOSWELL, SHERRY A  
STREET ADDRESS 5901 SW 102ND STREET  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE VPD  
NAME DOWNS, DOROTHY  
STREET ADDRESS 5650 SW 87TH STREET  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE PD  
NAME GRASSI, JOSETTE  
STREET ADDRESS 2880 SW 33RD COURT  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME Tschumy, Freda  
STREET ADDRESS 3610 Bayview Road  
CITY-ST-ZIP Miami, FL 33133 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:**

*Sherry A. Doswell* Sherry A. Doswell

Date

4/27/05

Daytime Phone #

305-665-  
9722