


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N25853 1. Entity Name TRIBAL ARTS SOCIETY, INC.	
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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
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04262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0098541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000926494 05/20/08-80029-017 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOSWELL, SHERRY A 5901 SW 102ND STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNS, DOROTHY 5650 SW 87TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULD, TAFFY 10 EDGEWATER DR., TOWER 1, 14 F CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sherry A. Doswell Sherry A. Doswell 4/26/08 305-665-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9722