

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41277

FILED
Apr 28, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

82100 OLD HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

29 JOLLY ROGER DR
KEY LARGO, FL 33037

Current Mailing Address:

P.O. BOX 2540
KEY LARGO, FL 330371532 US

New Mailing Address:

29 JOLLY ROGER DR
KEY LARGO, FL 33037

FEI Number: 65-0230427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, ROBERT W. ESQUIRE
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146 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: GORDON, SUSIE
Address: 1 HARBOR SHORES
City-St-Zip: KEY LARGO, FL 33037 US

Title: D (X) Delete
Name: MIDDLETON, BEVERLY
Address: 233 BUTTONWOOD DR.
City-St-Zip: KEY LARGO, FL 33037 US

Title: PRES () Delete
Name: LLOYD, LINDA
Address: 80100 OLD HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: GLORIDA, AVNER
Address: 106 GUMBO LIMBO DR
City-St-Zip: KEY LARGO, FL 33037 US

Title: D () Delete
Name: GORDON, SUSIE
Address: 1 HARBOR SHORE
City-St-Zip: KEY LARGO, FL 33037 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change () Addition
Name: GORDON, SUSIE
Address: 1 HARBOR SHORE
City-St-Zip: KEY LARGO, FL 33037 US

Title: D () Change (X) Addition
Name: BALLARD, ELWYN
Address: 29 JOLLY ROGER DR
City-St-Zip: KEY LARGO, FL 33037 US

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: ELWYN BALLARD

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date