

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N41326**

1. Entity Name

INTERNATIONAL FOUNDATION FOR THE ARTS, INC.



Principal Place of Business

P O BOX 2160  
PALM BEACH FL 33480-2160  
US

Mailing Address

P O BOX 2160  
PALM BEACH FL 33480-2160  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0271027

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEARSON, SHELLY  
8525 PINE CAY  
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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, 2004**

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 **D** ☐ Delete  
NAME **AMBROSINO, GENARO**  
STREET ADDRESS **769 NE 125TH STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **TD** ☐ Delete  
NAME **PEARSON, JOHN S., JR.**  
STREET ADDRESS **8525 PINE CAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **PD** ☐ Delete  
NAME **PEARSON, SHELLY**  
STREET ADDRESS **8525 PINE CAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☐ Delete  
NAME **DAMIAN, CAROL DR**  
STREET ADDRESS **1115 NORTH GREENWAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **800029955898**  
CITY-ST-ZIP **03/05/04--01030--032 \*\*\$61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **800029955898**  
CITY-ST-ZIP **03/05/04--01030--033 \*\*\$8.75**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:** **JOHN S PEARSON JR. DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/04**

Date

**561-798-4188**

Daytime Phone #

FILED

04 FEB -3 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE

CR2E037 (11/03)