

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N47614**

1. Entity Name  
**FINE ART ON BROADWAY, INC.**



Principal Place of Business

**20 S W BROADWAY  
STE B  
OCALA, FL 34474 US**

Mailing Address

**PO BOX 6023  
OCALA, FL 34478**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3111251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, PAUL M  
10896SW 90TH TERRACE  
OCALA, FL 34481**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, PAUL M
STREET ADDRESS	10896 SW 90TH TERRACE
CITY - ST - ZIP	OCALA, FL 34481
TITLE	VD
NAME	JORDAN, RUTH
STREET ADDRESS	13177 SE 47TH CRT
CITY - ST - ZIP	BELLEVIEW, FL 34420
TITLE	TD
NAME	FERRERRA, MARY C
STREET ADDRESS	1207 NE 22ND AVE
CITY - ST - ZIP	OCALA, FL 34478
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000692078  
04/13/07-80036-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mary C. Ferreira* TD **MARY C. FERREIRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-624-1224**