

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001146

FILED
Apr 26, 2005
Secretary of State

Entity Name: SCHOOL OF THE ARTS FOUNDATION, INC.

Current Principal Place of Business:

501 S. SAPODILLA AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 552
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0395865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEEHAN, TOM I
625 N FLAGLER DR
#900
WEST PALM BEACH, FL 33401 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: KOONS, JEFF
Address: 201 LINDA LANE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: OFFIT, SIMON
Address: 2600 S OCEAN BLVD #305 N
City-St-Zip: WEST PALM BEACH, FL 33480

Title: D () Delete
Name: PRENSKY, DAVID
Address: 44 COCONUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: ELMORE, GEORGE T
Address: 2101 S CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: LAPPIN, DOROTHY
Address: 231 BRADLEY PLACE #201
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: CASH, RICHARD
Address: 2000 S. OCEAN BLVD. 203-S
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KOONS, JEFF
Address: 301 N. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

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: D (X) Change () Addition
Name: COHEN, ARNOLD
Address: 5533 VINTAGE OAKS CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFF KOONS

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date