

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001146

FILED
Feb 11, 2010
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:

MONTESINO, PATRICIA EXE DIR
501 S. SAPODILLA AVENUE
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
Name: OFFIT, SIMON B CHMN
Address: 2600 S. OCEAN BLVD. #305-N
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: KOONS, JEFF P-CHMN
Address: 301 N. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: LUNTZ, JODI V-CHMN
Address: 256 WORTH AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: COHEN, ARNOLD V-CHMN
Address: 5533 VINTAGE OAKS CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: MEYER, SYDELLE V-CHMN
Address: 44 COCOANUT ROW #B-311
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: ELMORE, GEORGE TREAS
Address: 2101 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: SIMON B. OFFIT

CHMN

02/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date