2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N93000003 RY ARTS CENTER OF THE			04-26-2004 91005 028 ****61.25						
SPACE 36	e of Business I CONGRESS AVENUE BEACH, FL 33406	Mailing Address PO BOX 19124 WEST PALM BEACH, FL 33416								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-NP	CR2E03	37 (10/03)		
City & State		City & State		4	65-042			No	plied For t Applicable	
Zip	Country Zip		Country .	5. Certificate of Status Desired				\$8.75 Add Fee Require		
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent Name							
FLETCHER, CYNTHIA 2875-S OCEAN BLVD- // North J St, #5			·	Street Address (P.O. Box Number is Not Acceptable)						
PALM BE/		······								
		33460	City				FL	Zip Code		
B. 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										
Signature, typed or printed nailine of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 9. Election Camp. Due by May 1, 2004 Trust Fund Cor				□ \$! □ A:	5.00 May 8 Ided to Fees			c payable to iment of Si		
10.	OFFICERS AND DI		11.			ANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, IRA 611 OCEAN DUNES CIR JUPITER, FL 3347	Delecte	NAME STREET ADDRESS CITY-ST-ZIP	Will 583 wes	LIAM T	TIMM ; EST HILL M BEACH,	BLVD FIA 3	☑ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D TILTON, TERRY 620 AVENIDA ALEGRE WEST PALM BEACH, FL 33405	∑3. Delete	TITLE Name Street adoress City-St-Zip	191	I CORS	MORALE SICA AUI TON, FL	E	☐ Change	⊘ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMIS, JO J 5834 FOREST HILL BLVD W PALM BCH, FL	ZS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP	57.	n CR	LERMAN EEUWAY BE 4CH,	DA	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, CYNTHIA 11 N. J ST STE 5 LAKE WORTH, FL 33460	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITCOMB, JAMIE 3045 PINETREE LN BOYNTON BCH, FL 33435	☐ Defete	TITLE Name 'Street address City-St-Zip					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFAIDUS, DAV 6073 BRANDON : PALM BEACH GR	Delete ST HRDENS F(334.18	TITLE NAME STREET ADDRESS CITY-ST-ZEP					☐ Change	Addition	
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 inclinated on this report of complemental report is true and accurate and that my signature chall have the complemental report in the large and first on the complemental report in the large and that my signature chall have the complemental report in the large and first on the large and that my signature chall have the complemental report.										

12. Thereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i). Honda Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am afficer 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:

GIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTION

4/83/2004

Sol-312-3232

Daytime Phone #