

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003906

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** DUVAL ART TEACHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1701 PRUDENTIAL DRIVE  
6TH FLR ROOM 606  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1701 PRUDENTIAL DRIVE  
6TH FLR ROOM 606  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-3224472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MATTHEWS, JACK  
1701 PRUDENTIAL DRIVE  
6TH FLR, ROOM 606  
JACKSONVILLE, FL 32207 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:** DS  
**Name:** CANISSARO, SUSAN  
**Address:** 8125 VILLAGE GATE COURT  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** VP  
**Name:** LEE, ELIZABETH  
**Address:** 44268 MCKENDREE DR.  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** PD  
**Name:** WOODLIEF, TERRY  
**Address:** 1616 AVONDALE AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32211

**Title:** DT  
**Name:** WALCAVICH, ALYCE E  
**Address:** 212 SPRINGWOOD LN  
**City-St-Zip:** JACKSONVILLE, FL 32259

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:** TREASURER ALYCE WALCAVICH

DT

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date