

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90015 033 \*\*\*\*70.00

**50064718**



<b>DOCUMENT # N94000003566</b> 1. Entity Name <b>TAJIRI ARTS INCORPORATED</b>					
Principal Place of Business <b>519 PALMETTO AVE SANFORD, FL 32771 US</b>			Mailing Address <b>5501 UNIV. CLUB BLVD. NO. 129 JACKSONVILLE, FL 32277 US</b>		
2. Principal Place of Business <i>Same As Above</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same As Place of Business</i> Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>59-3262070</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WHATLEY, PATRICIA M 5501 UNIVERSITY CLUB BLVD. N. 129 JACKSONVILLE, FL 32277</b>				7. Name and Address of New Registered Agent Name <i>Patricia M. Whatley</i> Street Address (P.O. Box Number is Not Acceptable) <i>782 Heritage Lakes Drive</i> City <i>Jacksonville</i> FL      Zip Code <i>32218</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHATLEY, PATRICIA M 5501 UNIV. CLUB BLVD. NO. 129 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair <i>Whatley, Patricia M. 782 Heritage Lakes Drive Jacksonville, FL 32218</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNIS, WILLIE 6858 HIDDEN GLADE PLACE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chair <i>Ellison, Kitty 6814 West Livingston Orlando, FL 32835</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, JOHN 523 WESTPORT DRIVE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <i>Dennis, Willie 6858 Hidden Glade Place Sanford, FL 32771</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FLEWELLYN, THOMAS 1754 MARKHAM GLEN CIRCLE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <i>Henry Dean 6651 Sylvan Woods Drive Sanford, FL 32771</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLISON, KITTY 6814 WEST LIVINGSTON ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> <i>Patricia M. Whatley</i> <i>July 27, 2005</i> <i>904-696-7877</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					