

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003566**

1. Entity Name  
**TAJIRI ARTS INCORPORATED**



Principal Place of Business  
**519 PALMETTO AVE  
SANFORD, FL 32771 US**

Mailing Address  
**782 HERITAGE LAKES DR.  
JACKSONVILLE, FL 32218 US**



06282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3262070</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WHATLEY, PATRICIA M  
782 HERITAGE LAKES DR  
JACKSONVILLE, FL 32218**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	WHATLEY, PATRICIA M
STREET ADDRESS	782 HERITAGE LAKES DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	T
NAME	DENNIS, WILLIE
STREET ADDRESS	6858 HIDDEN GLADE PLACE
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	VC
NAME	ELLISON, KITTY
STREET ADDRESS	6814 W LIVINGSTON
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	S
NAME	CAL, LEDBETTER
STREET ADDRESS	2806 WESSEX STREET
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	MEM
NAME	CAMILLA, BARNES
STREET ADDRESS	1304 WEST 16TH STREET
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	MEM.
NAME	BUFORD, CAROL
STREET ADDRESS	160 INTERNATIONAL PARKWAY
CITY-ST-ZIP	HEATHROW, FL 32746

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07/06/07-80002-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-27-07 (904) 696-877