
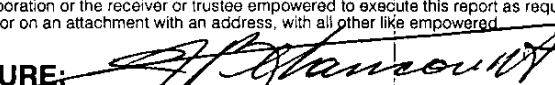


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90016 019 ****61.25

DOCUMENT # N94000003615 1. Entity Name AWAKENING, ART & CULTURE, INCORPORATED																																																																																																																													
Principal Place of Business 5350 E. KALEY STREET ORLANDO, FL 32812			Mailing Address 5350 E. KALEY STREET ORLANDO, FL 32812																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 59-3257617																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent NEFF, MYLES 213 WHITTIER CIR ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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</small>																																																																																																																													
<small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$61.25 Due by September 6, 2006 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"> Make check payable to Florida Department of State </div> </div>																																																																																																																													
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">ED</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BETANCOURT, NELSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5350 E. KALEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BECKER, VERNON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5350 E. KALEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, ARMANDO DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5350 E. KALEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOMEZ, ALBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5350 E. KALEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARQUEZ, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5350 E. KALEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORA, ULYSSES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5350 E. KALEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	ED	<input type="checkbox"/> Delete	NAME	BETANCOURT, NELSON		STREET ADDRESS	5350 E. KALEY STREET		CITY-ST-ZIP	ORLANDO, FL 32812		TITLE	D	<input type="checkbox"/> Delete	NAME	BECKER, VERNON		STREET ADDRESS	5350 E. KALEY STREET		CITY-ST-ZIP	ORLANDO, FL 32812		TITLE	D	<input type="checkbox"/> Delete	NAME	GARCIA, ARMANDO DR.		STREET ADDRESS	5350 E. KALEY STREET		CITY-ST-ZIP	ORLANDO, FL 32812		TITLE	D	<input type="checkbox"/> Delete	NAME	GOMEZ, ALBERTO		STREET ADDRESS	5350 E. KALEY STREET		CITY-ST-ZIP	ORLANDO, FL 32812		TITLE	D	<input type="checkbox"/> Delete	NAME	MARQUEZ, ROBERTO		STREET ADDRESS	5350 E. KALEY STREET		CITY-ST-ZIP	ORLANDO, FL 32812		TITLE	D	<input type="checkbox"/> Delete	NAME	MORA, ULYSSES		STREET ADDRESS	5350 E. KALEY STREET		CITY-ST-ZIP	ORLANDO, FL 32812		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																													
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<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> 8/1/2006 <small>Date</small> </div> <div> (407) 765-7841 <small>Daytime Phone #</small> </div> </div>																																																																																																																													

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