

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003615

FILED
Apr 10, 2012
Secretary of State

Entity Name: AWAKENING, ART & CULTURE, INCORPORATED

Current Principal Place of Business:

5350 E KALEY ST
SUITE 202
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

5350 E KALEY ST
SUITE 202
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 59-3257617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEFF, MYLES
213 WHITTIER CIR
SUITE 202
ORLANDO, FL 32806 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: E D
Name: BETANCOURT, NELSON
Address: 5350 E. KALEY ST
City-St-Zip: ORLANDO, FL 32812 US

Title: BM
Name: ZABYTKO, IRENE
Address: 329 LAKE MCCOY DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: BM
Name: FLAVIA, FARINA
Address: 5405 SERENE LANE
City-St-Zip: ORLANDO, FL 32822 US

Title: BM
Name: GABRIEL, DE SOUZA
Address: 2210 YANKEE PLACE APT 328
City-St-Zip: ORLANDO, FL 32839 US

Title: BM
Name: ALFARO, ORLANDO
Address: 911 N. ORANGE AVE. APT 451
City-St-Zip: ORLANDO, FL 32801 US

Title: BM
Name: PARRA, GUSTAVO
Address: 16251 GOLF CLUB ROAD APT 203
City-St-Zip: WESTON, FL 33326 US

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: NELSON BETANCOURT

E D

04/10/2012

Electronic Signature of Signing Officer or Director

Date