

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000584

FILED
Apr 27, 2009
Secretary of State

Entity Name: ARTISTS SHOWCASE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

815 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL

New Principal Place of Business:

815 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33402 01

Current Mailing Address:

PO BOX 158
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0560738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, CATHERINE
11380 PROSPERITY FARMS RD
SUITE 112 BLDG. C
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

LOWE, CATHERINE DR.
11380 PROSPERITY FARMS RD
SUITE 112 BLDG. C
PALM BEACH GARDENS, FL 33410 US

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: DR. CATHERINE LOWE

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: LOWE, CATHERINE
Address: 11380 PROSPERITY FARMS ROAD STE.112-C
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: MOORE, ALICE
Address: 801 FOURTH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: REID, KURTIS
Address: 11521 US HIGHWAY 1
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: DILLARD, KALINTHIA
Address: 3300 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE LOWE

DR.

04/27/2009

Electronic Signature of Signing Officer or Director

Date