

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000179

FILED
Feb 14, 2011
Secretary of State

Entity Name: ARTHAUS FOUNDATION, INC.

Current Principal Place of Business:

3840 RIDGEWOOD AVE.
PORT ORANGE, FL 32129 US

New Principal Place of Business:

3840 RIDGEWOOD AVENUE
PORT ORANGE, FL 32129 US

Current Mailing Address:

P.O BOX 290232
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-3361144 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RING, LAURIE G
501 OCEAN DUNES RD.
DAYTONA BEACH, FL 32118 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: D
Name: RING, LAURIE G
Address: 501 OCEAN DUNES RD
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: TD
Name: COLEMAN, SHERMAN N
Address: PO BOX 291322
City-St-Zip: PORT ORANGE, FL 32129 US

Title: P
Name: NOWWISKIE, RON
Address: 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: PESARCHICK, RICK
Address: 3865 SOUTH NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VP
Name: JENNINGS, JANE
Address: 6206 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: SD
Name: BONDURANT, WENDI
Address: 1475 SOUTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 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: LAURIE G. RING

EXD

02/14/2011

Electronic Signature of Signing Officer or Director

_____ Date