

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002047

FILED
Jul 02, 2009
Secretary of State

Entity Name: FRIENDS OF PUBLIC ART, INC.

Current Principal Place of Business:

111 NW 1ST ST
SUITE 610
MIAMI, FL 331281982

New Principal Place of Business:

Current Mailing Address:

111 NW 1ST ST
SUITE 610
MIAMI, FL 331281982

New Mailing Address:

FEI Number: 65-0729897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NASH, CINDI
1433 W 22 ST
MIAMI BEACH, FL 33140 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: DS () Delete
Name: NASH, CINDI
Address: 1433 W 22ND STREET
City-St-Zip: MIAMI BEACH, FL 33140

Title: DP () Delete
Name: WAYNER, STEPHEN
Address: 4601 PONCE DE LEON BLVD STE 310
City-St-Zip: MIAMI, FL 33146

Title: DT () Delete
Name: GORDON, SANDI-JO
Address: 19911 NE 10TH TRACE WAY
City-St-Zip: N MIAMI BEACH, FL 33179

Title: DV () Delete
Name: GRABIEL, JULIO
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: MIAMI, FL 33134

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: SANDI-JO GORDON

DT

07/02/2009

Electronic Signature of Signing Officer or Director

Date