

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004861**

**1. Entity Name**  
**ARTS ACADEMY OF HOLLYWOOD, FLORIDA, INC.**



**Principal Place of Business**  
**1955 HARRISON ST.**  
**HOLLYWOOD, FL 33020**

**Mailing Address**  
**1955 HARRISON ST.**  
**HOLLYWOOD, FL 33020**



02142006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FCI Number**  
**65-0700652**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**STRUTZ, LINDA**  
**1955 HARRISON ST.**  
**HOLLYWOOD, FL 33020**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$51.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**UN00000435894**  
**02/27/06-80010-004 211.25**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**STRUTZ, LINDA**  
**2740 NORTH SURF ROAD**  
**HOLLYWOOD, FL 33019**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**STRUTZ, JEFFREY**  
**2740 NORTH SURF ROAD**  
**HOLLYWOOD, FL 33019**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 changed, or on an attachment with an address, with all other IAs empowered.**

**SIGNATURE:**

*Linda Strutz* *01/11/06* *954-973-1057*