

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001318

1. Entity Name
FLORIDA ARTS, INC.



Principal Place of Business
**146 FIVE MEN ROAD
FORT MYERS, FL 33905 US**

Mailing Address
**PO BOX 1562
FORT MYERS, FL 33902 US**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1536036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRIFFITH, JAMES
146 RIVERVIEW ROAD
FORT MYERS, FL 33905**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	GRIFFITH, JAMES
STREET ADDRESS	146 RIVERVIEW ROAD
CITY-ST-ZIP	FORT MYERS, FL 33905

TITLE	VCD
NAME	RILEY, RICHARD
STREET ADDRESS	8060 COLLEGE PKWY
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	SD
NAME	TEMPLETON, PAMELA S
STREET ADDRESS	2555 COLONIAL BLVD
CITY-ST-ZIP	FT MYERS, FL 33907

TITLE	TD
NAME	OLLIFF, MICHAEL
STREET ADDRESS	1330 JAMBALANA LANE
CITY-ST-ZIP	FT MYERS, FL 33901

TITLE	D
NAME	SAUNDERS, BARBARA
STREET ADDRESS	15262 CRICKET LANE
CITY-ST-ZIP	FT MYERS, FL 33919

TITLE	D
NAME	VOYTEK, MARY
STREET ADDRESS	13290 ELECTRON DRIVE S.W.
CITY-ST-ZIP	FT MYERS, FL 33908

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02/09/06-80014-003 61.25

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #