

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 047 ****61.25

DOCUMENT # N97000001318					
1. Entity Name FLORIDA ARTS, INC.					
Principal Place of Business 146 RIVERVIEW ROAD FORT MYERS, FL 33905 US			Mailing Address PO BOX 1562 FORT MYERS, FL 33902 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032007 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DC	NAME GRIFFITH, JAMES	<input type="checkbox"/> Delete	TITLE CREVASSE, CLAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 1307 Alcazar Ave. FM 33901
STREET ADDRESS 146 RIVERVIEW ROAD	CITY-ST-ZIP FORT MYERS, FL 33905		TITLE KLINGER, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 1130 E. Hallandale Beach Blvd. Ste. C Hallandale, FL 33009
STREET ADDRESS 8060 COLLEGE PKWY	CITY-ST-ZIP FORT MYERS, FL 33919		TITLE LAWSON, MARGARET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 6170 D. Principia Dr. Fort Myers - FL-33919
STREET ADDRESS 2555 COLONIAL BLVD	CITY-ST-ZIP FT MYERS, FL 33907		TITLE OLLIFF, MICHAEL	<input checked="" type="checkbox"/> Delete	NAME 1330 JAMBALANA LANE FT MYERS, FL 33901
STREET ADDRESS 1330 JAMBALANA LANE	CITY-ST-ZIP FT MYERS, FL 33901		TITLE SAUNDERS, BARBARA	<input type="checkbox"/> Delete	NAME 15262 CRICKET LANE FT MYERS, FL 33919
STREET ADDRESS 15262 CRICKET LANE	CITY-ST-ZIP FT MYERS, FL 33919		TITLE VOYTEK, MARY	<input type="checkbox"/> Delete	NAME 13290 ELECTRON DRIVE S.W. FT MYERS, FL 33908
STREET ADDRESS 13290 ELECTRON DRIVE S.W.	CITY-ST-ZIP FT MYERS, FL 33908		TITLE CREVASSE, CLAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 1307 Alcazar Ave. FM 33901
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: _____			4/23/07 239-337-1933		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		