

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001318

Entity Name: FLORIDA ARTS, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

146 RIVERVIEW ROAD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1562
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 31-1536036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, JAMES
146 RIVERVIEW ROAD
FORT MYERS, FL 33905 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: DC () Delete
Name: GRIFFITH, JAMES
Address: 146 RIVERVIEW ROAD
City-St-Zip: FORT MYERS, FL 33905 US

Title: VCD () Delete
Name: RILEY, RICHARD
Address: 8060 COLLEGE PKWY
City-St-Zip: FORT MYERS, FL 33919 US

Title: SD () Delete
Name: TEMPLETON, PAMELA S
Address: 2555 COLONIAL BLVD
City-St-Zip: FT MYERS, FL 33907 US

Title: TD () Delete
Name: CREVASSE, CLAY
Address: 1307 ALCAZAR AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: D () Delete
Name: SAUNDERS, BARBARA
Address: 15262 CRICKET LANE
City-St-Zip: FT MYERS, FL 33919 US

Title: D () Delete
Name: VOYTEK, MARY
Address: 13290 ELECTRON DRIVE S.W.
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCOTT, KARAKAS
Address: 28606 ALESSANDRIA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 334135 US

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: JAMES GRIFFITH

DC

01/08/2008

Electronic Signature of Signing Officer or Director

Date