

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002765

1. Entity Name
FLORIDA ART THERAPY ASSOCIATION, INC.



Principal Place of Business Mailing Address
20976 AVENEL RUN **20976 AVENEL RUN**
BOCA RATON, FL 33248 **BOCA RATON, FL 33248**



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0789743	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

SIEGEL, CRAIG A
20976 AVENEL RUN
BOCA RATON, FL 33248

**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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SIEGEL, CRAIG A
STREET ADDRESS	20976 AVENEL RUN
CITY-ST-ZIP	BOCA RATON, FL 33248

TITLE	P
NAME	WASSERMAN, LISA
STREET ADDRESS	14811 ARCHER HALL STREET
CITY-ST-ZIP	DAVIE, FL 33331

TITLE	S
NAME	CHESONIS-GONZALEZ, MORGEN
STREET ADDRESS	20525 MARLIN ROAD
CITY-ST-ZIP	MIAMI, FL 33189

TITLE	V
NAME	FARRELL-KIRK, RAQUEL
STREET ADDRESS	18129 SW 3RD STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08-80013-021 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

1/29/08
Date

561-706-8811
Daytime Phone #