

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002765

FILED
Feb 06, 2011
Secretary of State

Entity Name: FLORIDA ART THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

18129 SW 3RD STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

14811 ARCHERHALL STREET
DAVIE, FL 33331

Current Mailing Address:

18129 SW 3RD STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

14811 ARCHERHALL STREET
DAVIE, FL 33331

FEI Number: 65-0789743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL-KIRK, RAQUEL M
18129 SW 3RD STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

WASSERMAN, LISA DR.
14811 ARCHERHALL STREET
DAVIE, FL 33331 US

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: LISA WASSERMAN

02/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MERRILEE, JORN
Address: 35 TERRAPIN TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: WASSERMAN, LISA
Address: 14811 ARCHER HALL STREET
City-St-Zip: DAVIE, FL 33331

Title: VP
Name: ALDERS, AMANDA
Address: 3025 MARY STREET #12
City-St-Zip: MIAMI, FL 33133

Title: S
Name: HOFFMAN, ANNIE
Address: 2650 SW 33 AVE
City-St-Zip: MIAMI, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: LISA WASSERMAN

T

02/06/2011

Electronic Signature of Signing Officer or Director

Date