

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003943

FILED
Apr 28, 2010
Secretary of State

Entity Name: CULTURAL ARTS RESEARCH ENSEMBLE, INC.

Current Principal Place of Business:

412 NORTH PINE HILLS ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

412 NORTH PINE HILLS ROAD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3457738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, JIMMY R
7255 HIAWASSEE OAKS DR
ORLANDO, FL 32818 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: DCEO
Name: COLEMAN, JIMMY
Address: 7255 HIAWASSEE OAKS DR
City-St-Zip: ORLANDO, FL 32818

Title: T
Name: COLEMAN, JIMMY
Address: 7255 HIAWASSEE OAKS DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: VPD
Name: BROWN, SANDRA
Address: 412 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32811

Title: SD
Name: MCGILL, REGINALD
Address: 1417 ADDIE AVE
City-St-Zip: ORLANDO, FL 32817

Title: D
Name: MAJOR, ANTHONY
Address: 1599 SACKETT CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: TD
Name: BECKFORD, PATRICIA I
Address: 3116 GOLDEN ROCK DRIVE
City-St-Zip: ORLANDO, FL 32818 US

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: JIMMY COLEMAN

DCEO

04/28/2010

Electronic Signature of Signing Officer or Director

Date