

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004390

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HIGHER EDUCATION ARTS NETWORK, INC.

**Current Principal Place of Business:**

245 CRYSTAL COVE DRIVE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

245 CRYSTAL COVE DRIVE  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-3243201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIAZZA, GARY L DR.  
245 CRYSTAL COVE DRIVE  
PALATKA, FL 32177 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: DP  
Name: LEE, BARTON  
Address: 4202 E. FOWLER, FINE/PERF. ARTS USF  
City-St-Zip: TAMPA, FL 32620

Title: DST  
Name: PIAZZA, GARY L DR.  
Address: 245 CRYSTAL COVE DRIVE  
City-St-Zip: PALATKA, FL 32177

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: DR. \_\_\_\_\_

DST

03/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date