## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9900000010

FILED Mar 24, 2009 Secretary of State

Entity Name: ARTS AND CULTURAL ALLIANCE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:** New Principal Place of Business:

320 E. SOUTH STREET 11 NORTH SUMMERLIN AVENUE

180 265

ORLANDO, FL 32801 ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

320 E. SOUTH STREET 11 NORTH SUMMERLIN AVENUE

ORLANDO, FL 32801 ORLANDO, FL 32801

FEI Number: 59-3499659 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCHAEFER, AUTUMN L AMES, AUTUMN L

320 E. SOUTH STREET 11 NORTH SUMMERLIN AVENUE

180 265

ORLANDO, FL 32801 US ORLANDO, FL 32801 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: AUTUMN AMES 03/24/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

KOTCH, DEEANA Name: KOTCH, DEEANA Name: 5900 LAKE ELLENOR DRIVE Address: 11 NORTH SUMMERLIN AVENUE, SUITE 265 Address:

ORLANDO, FL 32809 US ORLANDO, FL 32801 US

City-St-Zip: City-St-Zip:

Title: MR. Title: (X) Change ( ) Addition ( ) Delete

ERCOLE, ERIC Name: ERCOLE, ERIC Name: Address: 833 NORTH THORNTON AVENUE Address: 11 NORTH SUMMERLIN AVENUE, SUITE 265

ORLANDO, FL 32801 US

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip:

Title: () Delete Title: ED (X) Change ( ) Addition SCHAEFER, AUTUMN L AMES, AUTUMN L Name: Name:

320 E SOUTH STREET STE. 180 11 NORTH SUMMERLIN AVENUE, SUITE 265 Address: Address:

City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: ORLANDO, FL 32801 US

Title: () Delete Title: TREA ( ) Change (X) Addition

LANG, DAVID Name: Name:

11 NORTH SUMMERLIN AVENUE, SUITE 265 Address: Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32801

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: AUTUMN AMES ED 03/24/2009