2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-09-2007 90114 002 ****61.25
N99000000667

FILED
07 MAY 22 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000000667

1. Entity Name

ARTS AND CULTURE ALLIANCE, INC.

1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
101 W. VENICE AVENUE, SUITE 10 VENICE FL 34285	P O BOX 414 VENICE FL 34284-0414

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0951676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, ERIKA 525 WATERWOOD LN VENICE FL 34293	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORGMANN, PAUL 717 ROANOKE RD VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, COLEEN 1332 Washington Dr Venice, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VUVUABI, TRACEY 1806 EDMONDSON NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D VIVIANO, TRACEY 1806 Edmondson Nokomis, FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, ERIKA 525 WATERWOOD LN VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSLEY, LYNN 612 VALENCIA RD VENICE FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WINDER, KATHLEEN 1759 Hudson St Englewood, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINKERTON, YVONNE 1016 HARBOR TOWN DR VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAUNER, KATHERINE 490 LAKE OF THE WOODS DR VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D RAWSON, LINDA 565 Shamrock Blvd. Venice, FL 34293	☐ Change ☒ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Erika A. Williams Erika A. Williams 4/24/07 941-497-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #