

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002092

FILED
Mar 25, 2009
Secretary of State

Entity Name: HERB SKOLNICK CULTURAL ARTS FOUNDATION, INC.

Current Principal Place of Business:

100 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

PO BOX 2083
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-0911630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINN, GORDON B
100 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33060 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: D () Delete
Name: BURRIE, CHARLOTTE
Address: 100 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: HARDIN, REX
Address: 100 W ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: FISHER, LAMAR
Address: 100 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: LARKINS, PAT E
Address: 100 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: DOCKSWELL, BARRY
Address: 100 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: BRUMMER, GEORGE
Address: 100 W ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POITIER, WOODROW
Address: 100 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAMAR FISHER

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date