


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90016 041 ****61.25

DOCUMENT # N99000004157

1. Entity Name
MIDDLE SCHOOL OF THE ARTS FOUNDATION, INC.



Principal Place of Business Mailing Address

**1725 ECHO LAKE DRIVE
W. PALM BEACH FL 33407** **1725 ECHO LAKE DRIVE
W. PALM BEACH FL 33407**

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 Applied For

31-1660977 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

 \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**RABIDEAU, GUY
400 ROYAL PALM WAY
SUITE 204
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

 \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONER, NEIL	
STREET ADDRESS	292 ORANGE GROVE ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENGER, SYLVIA	
STREET ADDRESS	81 SANDBOURNE LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	CTP	<input type="checkbox"/> Delete
NAME	RABIDEAU, GUY	
STREET ADDRESS	400 ROYAL PALM WAY, STE 204	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HARBOUR, MICHELLE	
STREET ADDRESS	4123 COMMUNITY DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	vice chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Rhodes	
STREET ADDRESS	700 SW 17th St	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aldo Portales	
STREET ADDRESS	127 Renaissance Cir	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guy Rabi deau	
STREET ADDRESS	400 Royal Palm Way, Ste 204	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ 3/17/2008 561-635-6221