

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000142485

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

**Entity Name:** CENTER FOR FINE ARTS EDUCATION, INC.

**Current Principal Place of Business:**

402 OFFICE PLAZA  
TALLAHASSEE, FL 323012757

**New Principal Place of Business:**

**Current Mailing Address:**

402 OFFICE PLAZA  
TALLAHASSEE, FL 323012757

**New Mailing Address:**

**FEI Number:** 20-3566980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANZ, KATHLEEN D PH.D.  
402 OFFICE PLAZA  
TALLAHASSEE, FL 32301 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  
**Name:** KING, SHEILA W  
**Address:** 3730 OAKHILL DR  
**City-St-Zip:** TITUSVILLE, FL 32780

**Title:** D  
**Name:** LEUCHAUER, JOSEPH  
**Address:** 4704 GRANT STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** P/D  
**Name:** KATHLEEN, SANZ D  
**Address:** 402 OFFICE PLAZA DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 323012757

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHLEEN D. SANZ, PH.D.

P/D

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date