

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737144

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC6874348163**

**Entity Name:** FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

402 OFFICE PLAZA  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

402 OFFICE PLAZA  
TALLAHASSEE, FL 32301 US

**FEI Number:** 51-0182663

**Certificate of Status Desired:** No

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

SANZ, KATHLEEN D  
402 OFFICE PALZA  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name MORALES, MABEL  
Address 10322 SW 27 STREET  
City-State-Zip: MIAMI FL 33165

Title M  
Name SANZ, KATHLEEN D  
Address 402 OFFICE PLAZA  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name NOBEL, KAREN  
Address 120 GLENCULLEN CIRCLE  
City-State-Zip: JUPITER FL 33458

Title PRESIDENT ELECT  
Name CRANE, NICOLE  
Address 1605 S US HWY ONE B106  
City-State-Zip: JUPITER FL 33477

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

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

**DIRECTOR**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date