## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012468

Entity Name: THE ART WITHOUT BOUNDARIES ASSOCIATION, INC

**FILED** Feb 11, 2013 **Secretary of State** CC5954454442

**Current Principal Place of Business:** 

17273 90TH ST. N

LOXAHATCHEE, FL 33470

**Current Mailing Address:** 

17273 90TH ST. N.

LOXAHATCHEE. FL 33470 US

FEI Number: 84-1696902 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MNEMECORP, LLC 17273 90TH ST. N

LOXAHATCHEE, FL 33470 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.

DIR

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIR Title

LOEWEN, LORI Name EDWARDS, JODY Name 1895 BAKER WAY 2706 HUFFMAN ST. Address Address

City-State-Zip: WINONA LAKE IN 46590 FINDLAY OH 45840 City-State-Zip:

Title DIR Title DIR

Name JUSSEL, MARY HOMAN, LARRY J Name

Address 730 W. BRAEMERE RD Address 230 110TH AVE. NW BOISE ID 83702

City-State-Zip: City-State-Zip: COON RAPIDS MN 55448

Title DIRECTOR Title **DIRECTOR** 

Name HAMMER, NOELL WILSON, DIANNE Name Address 17273 90TH ST. N. Address 3726 SW SABATINI ST.

City-State-Zip: LOXAHATCHEE FL 33470 City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR BARON, JAYNE Name

2418 D ST. Address

BELLINGHAM WA 98225 City-State-Zip:

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: NOELL HAMMER

02/11/2013 DIRECTOR/ REGISTERED **AGENT** 

Electronic Signature of Signing Officer/Director Detail

Date