

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007335

**Entity Name:** BENZAITEN CENTER FOR CREATIVE ARTS, INC.**Current Principal Place of Business:**1105 2ND AVENUE SOUTH  
LAKE WORTH, FL 33460**Current Mailing Address:**1105 2ND AVENUE SOUTH  
LAKE WORTH, FL 33460 US**FEI Number:** 45-3177421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENZAITEN CENTER FOR CREATIVE ARTS, INC.  
1105 2ND AVENUE SOUTH  
LAKE WORTH, FL 33460 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:** ANITA HOLMES

03/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERKOW, JOANNE  
Address        1105 2ND AVENUE SOUTH  
City-State-Zip: LAKE WORTH FL 33460

Title            DIRECTOR  
Name            ROEBEL, WILLIAM  
Address        736 MARITIME WAY  
City-State-Zip: NORTH PALM BEACH FL 33410

Title            DIRECTOR  
Name            STERN, ROB  
Address        2341 NORTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33127

Title            DIRECTOR  
Name            FUNK, STEVEN  
Address        104 VIA PALACIO  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            SECRETARY  
Name            HARLESS, CAROLINE  
Address        222 LAKEVIEW AVENUE  
                 1750  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            BETHEIL, BLAKE  
Address        7777 GLADES ROAD #300  
City-State-Zip: BOCA RATON FL 33434

Title            VP  
Name            LATOUR, MARTI  
Address        1105 2ND AVENUE SOUTH  
City-State-Zip: LAKE WORTH FL 33460

Title            DIRECTOR  
Name            HOLMES, ANITA  
Address        1105 2ND AVENUE SOUTH  
City-State-Zip: LAKE WORTH FL 33460

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*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:** ANITA HOLMES**CHIEF EXECUTIVE  
OFFICER**

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PEW, STEPHANIE  
Address 11127 OLD HARBOUR ROAD  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name VOGLER, SUZY  
Address 43 LAGUNA TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name COSMOS, KAREN  
Address 302 CEDAR KEY CIRCLE  
City-State-Zip: ATLANTIS FL 33462

Title DIRECTOR  
Name SULLIVAN, JOHN  
Address 700 EAST BOYNTON BEACH BLVD  
#901  
City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR  
Name KIME, JULIE  
Address 1105 2ND AVENUE SOUTH  
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR  
Name SNOW, SCOTT  
Address 104 VIA PALACIO  
City-State-Zip: PALM BEACH GARDENS FL 33418