

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18020

Entity Name: THE ARMORY ART CENTER, INC.**Current Principal Place of Business:**1700 PARKER AVENUE
WEST PALM BEACH, FL 33401**Current Mailing Address:**1700 PARKER AVENUE
WEST PALM BEACH, FL 33401**FEI Number:** 59-2808612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWOPE, JAMES
314 FLAMINGO DRIVE
WEST PALM BEACH, FL 33401 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	DS
Name	LAMBRECHT, NANCY
Address	143 ROTUNDA DR
City-State-Zip:	JUPITER FL 33477

Title	CEO
Name	COOMBS, SANDRA B
Address	1700 PARKER AVENUE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	SILPE, LINDA
Address	940 S OCEAN BLVD
City-State-Zip:	MANALAPAN FL 33462

Title	TD
Name	WECHSLER, ROBERT
Address	3450 S. OCEAN BLVD., APT. 717
City-State-Zip:	PALM BEACH FL 33480

Title	PD
Name	RABB, STEPHEN
Address	1700 PARKER AVE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	CD
Name	SWOPE, JAMES
Address	314 FLAMINGO DRIVE
City-State-Zip:	WEST PALM BEACH FL 33401

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: SANDRA B COOMBS

CEO

01/13/2014

Electronic Signature of Signing Officer/Director Detail_____
Date