

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

DOCUMENT# N94000003615

**Entity Name:** AWAKENING, ART & CULTURE, INCORPORATED**Current Principal Place of Business:**5350 E KALEY ST  
ORLANDO, FL 32812**Current Mailing Address:**5350 E KALEY ST  
ORLANDO, FL 32812 US**FEI Number:** 59-3257617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BETANCOURT, NELSON  
5350 E KALEY ST  
ORLANDO, FL 32812 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:** NELSON BETANCOURT

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name BETANCOURT, NELSON  
Address 5350 E. KALEY ST  
City-State-Zip: ORLANDO FL 32812

Title OFFICER  
Name ZABYTKO, IRENE  
Address 329 LAKE MCCOY DRIVE  
City-State-Zip: APOPKA FL 32712

Title OFFICER  
Name FLAVIA, FARINA  
Address 5405 SERENE LANE  
City-State-Zip: ORLANDO FL 32822

Title OFFICER  
Name ALFARO, ORLANDO  
Address 911 N. ORANGE AVE. APT 451  
City-State-Zip: ORLANDO FL 32801

Title OFFICER  
Name THOMPSON, SUE  
Address 10549 LAKESHORE DRIVE  
City-State-Zip: CLERMONT FL 34711

Title OFFICER  
Name NEFF, JASON  
Address 1616 CANTERBURY TRAIL  
APT B  
City-State-Zip: MOUNT PLEASANT MI 48858

*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:** NELSON BETANCOURTCEO/EXECUTIVE  
DIRECTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date