2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000000010

Entity Name: ARTS AND CULTURAL ALLIANCE OF CENTRAL FLORIDA, INC.

FILED
Jul 16, 2013
Secretary of State
CC9269919276

Current Principal Place of Business:

11 NORTH SUMMERLIN AVENUE

265

ORLANDO, FL 32801

Current Mailing Address:

11 NORTH SUMMERLIN AVENUE

265

ORLANDO, FL 32801

FEI Number: 59-3499659 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, RAE M 11 NORTH SUMMERLIN AVENUE 265 ORLANDO, FL 32801 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: RAE WARD 07/16/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title VP

Name RHODES, REBECCA Name TOTTEN, DEBBIE

Address 11 NORTH SUMMERLIN AVENUE, Address 11 NORTH SUMMERLIN AVENUE,

SUITE 265 SUITE 265

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE DIRECTOR Title TREA

Name WARD, RAE M Name GRIM, CHRISTOPHER

Address 11 NORTH SUMMERLIN AVENUE, Address 11 NORTH SUMMERLIN AVENUE,

SUITE 265 SUITE 265

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title SEC Title DIRECTOR

Name MOONEY, TERRY Name BRITT, HOWARD

Address 11 NORTH SUMMERLIN AVENUE, Address 11 NORTH SUMMERLIN AVENUE

SUITE 265

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title DIRECTOR Title DIRECTOR

Name DIDONNA, JOHN DR. Name JOHNSON, LORELIE

Address 11 NORTH SUMMERLIN AVENUE Address 11 NORTH SUMMERLIN AVENUE

265

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

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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: RAE WARD EXECUTIVE DIRECTOR 07/16/2013

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name JUNGEN, MICHAEL Name KOTCH, DEANNA

11 NORTH SUMMERLIN AVENUE 11 NORTH SUMMERLIN AVENUE Address Address 265 265

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title **DIRECTOR** Title DIRECTOR

Name ROGERS, ROB Name VERNON-DEVLIN, SUSAN

Address 11 NORTH SUMMERLIN AVENUE Address 11 NORTH SUMMERLIN AVENUE 265

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801