

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002919

**Entity Name:** LOVEWELL INSTITUTE FOR THE CREATIVE ARTS, INC.

**Current Principal Place of Business:**

1000 CORPORATE DR.  
STE #330  
FT. LAUDERDALE, FL 33334

**Current Mailing Address:**

1000 CORPORATE DR.  
STE #330  
FT. LAUDERDALE, FL 33334

**FEI Number: 48-1066435**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOEMAKER, WILLIAM E  
1000 CORPORATE DR., SUITE 330  
FT LAUDERDALE, FL 33334 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 MATHIS, HARRIET B  
Address 2901 NE 21ST TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33306

Title D  
Name POMERANTZ, WENDY  
Address 16100 EMERALD ESTATES DR.  
City-State-Zip: WESTON FL 33331

Title P, D  
Name MASI, WENDY  
Address 2401 LAGUNA DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title D  
Name FISCHLER, ABRAHAM  
Address 8640 BANYON WAY  
City-State-Zip: TAMARCA FL 33321

Title D  
Name SHOEMAKER, WILLIAM E  
Address 1000 CORPORATE DR.  
City-State-Zip: FT LAUDERDALE FL 33334

*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: WILLIAM E. SHOEMAKER**

**DIRECTOR**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date