


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90038 026 \*\*\*\*61.25

**DOCUMENT # 759582**

1. Entity Name  
**ARTS ON THE PARK, INC.**



Principal Place of Business  
**115 N KENTUCKY AVE.  
 LAKELAND, FL 33801**

Mailing Address  
**115 N KENTUCKY AVE.  
 LAKELAND, FL 33801**

**40015783**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2005115**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PREBOR, VICTOR M III  
 58 LAKE MORTON DRIVE  
 LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAMM, GRETA	
STREET ADDRESS	1714 SYLVESTER	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HENDLER, PATRICIA	
STREET ADDRESS	4201 KATHLEEN RD.	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRADLEY, LEROY	
STREET ADDRESS	6607 GREEN RD.	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREBOR, VICTOR	
STREET ADDRESS	58 LAKE MORTON DR.	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STAMPFL, BARBARA	
STREET ADDRESS	2435 JONILA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy EK	
STREET ADDRESS	POB 32021	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prebor, Victor	
STREET ADDRESS	58 Lake Morton Dr	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie DeGeorge	
STREET ADDRESS	106 W Walnut Street	
CITY-ST-ZIP	Lakeland FL 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Whitney	
STREET ADDRESS	6691 Breckinridge Court	
CITY-ST-ZIP	Lakeland, FL 33813	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #