2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 759582

Entity Name: ARTS ON THE PARK, INC.

Current Principal Place of Business:

115 N KENTUCKY AVE.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

115 N KENTUCKY AVE.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-2005115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAKEMAN, WILLIAM H III
306 E. MAIN STREET, STE 200
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WAKEMAN, WILLIAM H III	
Address:	306 E. MAIN STREET, STE 200	
City-St-Zip:	LAKELAND, FL 33801	
Title:	VP	( ) Delete
Name:	PREBOR, VICTOR M III	
Address:	58 LAKE MORTON DRIVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	TD	( ) Delete
Name:	SIMMS, ELLEN H	
Address:	117 S KENTUCKY AVENUE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	PELL, CHARLES L	
Address:	306 E. MAIN ST., STE 200	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	WARNOCK, CHUCK	
Address:	2322 LAKELAND HILLS BLVD	
City-St-Zip:	LAKELAND, FL 33805	
Title:	D	(X) Delete
Name:	NIXON, JIM	
Address:	228 S. MASSACHUSETTS AVE.	
City-St-Zip:	LAKELAND, FL 33801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	NIXON, JIM	
Address:	115 N KENTUCKY AVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLEN H SIMMS TD 04/29/2009

Electronic Signature of Signing Officer or Director — Date