**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 17, 2017**
**Secretary of State**
**CC1275257298**

DOCUMENT# N14977

**Entity Name:** FT LAUDERDALE PERFORMING ARTS, INC.

**Current Principal Place of Business:**

2141 NE 68 ST
# 107
FT LAUDERDALE, FL 33308-1115

**Current Mailing Address:**

P.O. BOX 9772
FT LAUDERDALE, FL 33310 US

**FEI Number: 59-2651755**

**Certificate of Status Desired:** Yes

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

EVANS, STEVEN O PHD
126 NE 29 ST
WILTON MANORS, 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: STEVEN O. EVANS 01/17/2017

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | EVANS, STEVEN O PHD |
| Address | 126 NE 29 ST |
| City-State-Zip: | WILTON MANORS FL 33334 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KNIGHT, JUSTIN |
| Address | 2547 NW 31 CT |
| City-State-Zip: | OAKLAND PARK FL 33309 |

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|---|---|
| Title | D |
| Name | SMITH, MICHAEL |
| Address | 2547 NW 31 CT |
| City-State-Zip: | OAKLAND PARK FL 33309 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HUTCHISON, MICHAEL |
| Address | 72 NE 25 ST |
| City-State-Zip: | WILTON MANORS FL 33305 |

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|---|---|
| Title | TD |
| Name | COLE, JOHN F |
| Address | 2141 NE 68 ST # 107 |
| City-State-Zip: | FT LAUDERDALE FL 33308 |

| | |
|---|---|
| Title | SECRETARY, DIRECTOR |
| Name | JOHNSON, FRED |
| Address | 118 EMERALD DR # 409 |
| City-State-Zip: | OAKLAND PARK FL 33309 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SOLLOA, MICHAEL |
| Address | 2219 WILTON PARK DR |
| City-State-Zip: | WILTON MANORS FL 33305 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KALAF, ALEJANDRO |
| Address | 1975 E SUNRISE BLVD #602 |
| City-State-Zip: | FT LAUDERDALE FL 33309 |

**Continues on page 2**

*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: JOHN F COLE TREASURER 01/17/2017

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | SARACINO, ANTHONY |
| Address | 631 KENSINGTON PL |
| City-State-Zip: | WILTON MANORS FL 33305 |