

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001660

**Entity Name:** INTERLACHEN HIGH SCHOOL PERFORMING ARTS, INC.

**Current Principal Place of Business:**

126 N. COUNTY RD. 315  
INTERLACHEN, FL 32148

**Current Mailing Address:**

P.O. BOX 292  
INTERLACHEN, FL 32148 US

**FEI Number: 81-4369103**

**Certificate of Status Desired: No**

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

IRIZARRY, WILFREDO  
126 N. COUNTY RD. 315  
INTERLACHEN, FL 32148 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: WILFREDO IRIZARRY**

**07/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIEVERS, SHASTA M  
Address        126 N. COUNTY RD. 315  
City-State-Zip: INTERLACHEN FL 32148

Title            T  
Name            LOWE, SARAH  
Address        126 N COUNTY RD 315  
City-State-Zip: INTERLACHEN FL 32148

Title            S  
Name            WILKINSON, CYNTHIA  
Address        126 N COUNTY RD 315  
City-State-Zip: INTERLACHEN FL 32148

Title            VP  
Name            HOLLOWWAY, LAURIE ANNE  
Address        126 N. COUNTY RD. 315  
City-State-Zip: INTERLACHEN FL 32148

*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: SHASTA M LIEVERS**

**PRESIDENT**

**07/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date