2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 751367

Entity Name: SOCIETY FOR THE PRESERVATION OF VAUDEVILLE AND VARIETY ARTS INC.

Current Principal Place of Business:

1506 DESOTO AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

1506 DESOTO AVENUE
TAMPA, FL 33679 US

Current Mailing Address:

1506 S. DESOTO AVENUE
TAMPA, FL 33606 US

New Mailing Address:

PO BOX 18975
TAMPA, FL 33679 US

FEI Number: 59-1997432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENDA, PATRICIA
4201 W. NORTH B
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

FENDA, PATRICIA
2323 FIG STREET
TAMPA, FL 33609 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: PATRICIA FENDA 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CVD ( ) Delete
Name: LIPPE, STEWART
Address: 1506 S. DE SOTO
City-St-Zip: TAMPA, FL

Title: CPD ( ) Delete
Name: HENNESSEY, JANE
Address: 1713 SO. HUBERT
City-St-Zip: TAMPA,, FL 33629

Title: CTD ( ) Delete
Name: WHITE, TOM
Address: 512 CYPRESS LANE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVD (X) Change ( ) Addition
Name: LIPPE, STEWART
Address: 1506 S. DE SOTO
City-St-Zip: TAMPA, FL 33606

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: STEWART LIPPE CVD 01/08/2009
Electronic Signature of Signing Officer or Director Date