

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751367

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1506 DESOTO AVENUE  
TAMPA, FL 33679 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18975  
TAMPA, FL 33679 US

**New Mailing Address:**

**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  
2323 FIG STREET  
TAMPA, FL 33609 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: CVD  
Name: LIPPE, STEWART  
Address: 1506 S. DE SOTO  
City-St-Zip: TAMPA, FL 33606

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

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

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: STEWART LIPPE

CVD

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date