


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 763565 1. Entity Name ENGLEWOOD AREA PERFORMING ARTS ASSOCIATION, INC.	
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Principal Place of Business 406 N. INDIANA AVE SUITE 2 ENGLEWOOD, FL 34223	Mailing Address P.O. BOX 1304 ENGLEWOOD, FL 34295 US
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2211854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, WILLIAM C
459 DOVER CIRCLE
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	FS ESTES, ARTHUR 626 PAGET CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MOORE, JUDY 1936 GEORGIA AVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SPLITT, ORVILLE 4 S. MARINA PLAZA ENGLEOOD, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T CLARK, WILLIAM 459 DOVER CIRCLE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ANDERSON, CARL 310 PENROSE CIRCLE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S ANDERSON, BARBARA 310 PENROSE CIRCLE ENGLEWOOD, FL 34223

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01/17/06-80006-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith B. Moore Judith B. Moore 1/9/06 (941) 473-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #