



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 763565			
1. Entity Name ENGLEWOOD AREA PERFORMING ARTS ASSOCIATION, INC.			
Principal Place of Business 406 N. INDIANA AVE SUITE 2 ENGLEWOOD, FL 34223	Mailing Address P.O. BOX 1304 ENGLEWOOD, FL 34295 US		
DO NOT WRITE IN THIS SPACE		 01082007 No Chg-NP CR2E037 (4/06)	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	FS		
NAME	ESTES, ARTHUR		
STREET ADDRESS	626 PAGET CT		
CITY-ST-ZIP	VENICE, FL 34293		
TITLE	P		
NAME	MOORE, JUDY		
STREET ADDRESS	1936 GEORGIA AVE		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		
TITLE	D		
NAME	SPLITT, ORVILLE		
STREET ADDRESS	4 S. MARINA PLAZA		
CITY-ST-ZIP	ENGLEWOOD, FL		
TITLE	T		
NAME	CLARK, WILLIAM		
STREET ADDRESS	459 DOVER CIRCLE		
CITY-ST-ZIP	ENGLEWOOD, FL		
TITLE	VP		
NAME	ANDERSON, CARL		
STREET ADDRESS	310 PENROSE CIRCLE		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		
TITLE	S		
NAME	ANDERSON, BARBARA		
STREET ADDRESS	310 PENROSE CIRCLE		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		
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: <u>Judith B. Moore</u> President		1/18/07 (941) 473-2787	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	