


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90041 049 \*\*\*\*61.25

<b>DOCUMENT # 763565</b> 1. Entity Name <b>ENGLEWOOD AREA PERFORMING ARTS ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>406 N. INDIANA AVE SUITE 2 ENGLEWOOD, FL 34223</b>			Mailing Address <b>P.O. BOX 1304 ENGLEWOOD, FL 34295 US</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number <b>59-2211854</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  <b>CLARK WILLIAM C 459 DOVER CIRCLE ENGLEWOOD, FL 34223</b>				7. Name and Address of New Registered Agent Name <b>JUDITH B. MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1936 GEORGIA AVENUE</b> City <b>ENGLEWOOD</b> <b>FL</b> Zip Code <b>34224</b>																																																																																																																									
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 <b>JUDITH B. MOORE</b> <i>Judith B Moore</i> <b>1/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>ESTES, ARTHUR</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>626 PAGET CT</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>VENICE, FL 34293</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MOORE, JUDY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1936 GEORGIA AVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ENGLEWOOD, FL 34224</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>SPLITT, ORVILLE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4 S. MARINA PLAZA</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ENGLEWOOD, FL</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>CLARK, WILLIAM</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>459 DOVER CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ENGLEWOOD, FL</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>ANDERSON, CARL</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>310 PENROSE CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ENGLEWOOD, FL 34223</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>ANDERSON, BARBARA</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>310 PENROSE CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ENGLEWOOD, FL 34223</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>TREASURER</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>FS TERRI POWELL</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1847 WHISPERING PINES CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ENGLEWOOD, FL 34223</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>ESTES, ARTHUR</b>		STREET ADDRESS	<b>626 PAGET CT</b>		CITY-ST-ZIP	<b>VENICE, FL 34293</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>MOORE, JUDY</b>		STREET ADDRESS	<b>1936 GEORGIA AVE</b>		CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>		TITLE	NAME	Delete <input checked="" type="checkbox"/>	NAME	<b>SPLITT, ORVILLE</b>		STREET ADDRESS	<b>4 S. MARINA PLAZA</b>		CITY-ST-ZIP	<b>ENGLEWOOD, FL</b>		TITLE	NAME	Delete <input checked="" type="checkbox"/>	NAME	<b>CLARK, WILLIAM</b>		STREET ADDRESS	<b>459 DOVER CIRCLE</b>		CITY-ST-ZIP	<b>ENGLEWOOD, FL</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>ANDERSON, CARL</b>		STREET ADDRESS	<b>310 PENROSE CIRCLE</b>		CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>ANDERSON, BARBARA</b>		STREET ADDRESS	<b>310 PENROSE CIRCLE</b>		CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>TREASURER</b>		STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	<b>FS TERRI POWELL</b>		STREET ADDRESS	<b>1847 WHISPERING PINES CIRCLE</b>		CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																																											
NAME	<b>ESTES, ARTHUR</b>																																																																																																																												
STREET ADDRESS	<b>626 PAGET CT</b>																																																																																																																												
CITY-ST-ZIP	<b>VENICE, FL 34293</b>																																																																																																																												
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																																											
NAME	<b>MOORE, JUDY</b>																																																																																																																												
STREET ADDRESS	<b>1936 GEORGIA AVE</b>																																																																																																																												
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>																																																																																																																												
TITLE	NAME	Delete <input checked="" type="checkbox"/>																																																																																																																											
NAME	<b>SPLITT, ORVILLE</b>																																																																																																																												
STREET ADDRESS	<b>4 S. MARINA PLAZA</b>																																																																																																																												
CITY-ST-ZIP	<b>ENGLEWOOD, FL</b>																																																																																																																												
TITLE	NAME	Delete <input checked="" type="checkbox"/>																																																																																																																											
NAME	<b>CLARK, WILLIAM</b>																																																																																																																												
STREET ADDRESS	<b>459 DOVER CIRCLE</b>																																																																																																																												
CITY-ST-ZIP	<b>ENGLEWOOD, FL</b>																																																																																																																												
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																																											
NAME	<b>ANDERSON, CARL</b>																																																																																																																												
STREET ADDRESS	<b>310 PENROSE CIRCLE</b>																																																																																																																												
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>																																																																																																																												
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																																											
NAME	<b>ANDERSON, BARBARA</b>																																																																																																																												
STREET ADDRESS	<b>310 PENROSE CIRCLE</b>																																																																																																																												
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>																																																																																																																												
TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME	<b>TREASURER</b>																																																																																																																												
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																																																																																																																											
NAME	<b>FS TERRI POWELL</b>																																																																																																																												
STREET ADDRESS	<b>1847 WHISPERING PINES CIRCLE</b>																																																																																																																												
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>																																																																																																																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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.																																																																																																																													
<b>SIGNATURE:</b> <i>Judith B Moore</i> <b>1/14/08</b> <b>941-473-2787</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																																																																																																																													