2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N00000006092

Entity Name: CLEWISTON PERFORMING ARTS CENTER, INC.

Current Principal Place of Business:

725 CENTRAL AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

3447 CR 833
CLEWISTON, FL 33440

New Mailing Address:

PO BOX 3613
CLEWISTON, FL 33440

FEI Number: 65-1060763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHIDDEN, BRENDA
3447 CR 833
CLEWISTON, FL 33440 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:	VP	( ) Delete
Name:	SMITH, LISA	
Address:	520 SAN LUIZ AVE	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	PD	( ) Delete
Name:	MCCARTHY, DEBBIE	
Address:	1011 PONCE DE LEON	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	TD	( ) Delete
Name:	WHIDDEN, BRENDA	
Address:	3447 CR 833	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	S	( ) Delete
Name:	ALAYNA, GROOMS	
Address:	298 TROPICAL MTTV	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	CARLISA, LAWSON	
Address:	318 DESOTO AVE	
City-St-Zip:	CLEWISTON, FL 33440	

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: BRENDA WHIDDEN TD 01/31/2008

Electronic Signature of Signing Officer or Director — Date