

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006092

FILED
Jan 13, 2012
Secretary of State

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:

PO BOX 3613
CLEWISTON, FL 33440

New Mailing Address:

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
Name: SMITH, LISA
Address: 520 SAN LUIZ AVE
City-St-Zip: CLEWISTON, FL 33440

Title: PD
Name: MCCARTHY, DEBBIE
Address: 1011 PONCE DE LEON
City-St-Zip: CLEWISTON, FL 33440

Title: TD
Name: WHIDDEN, BRENDA
Address: 3447 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: COT
Name: CARLISA, LAWSON
Address: 318 DESOTO AVE
City-St-Zip: CLEWISTON, FL 33440

Title: S
Name: BUFFIE, MCLEOD
Address: 617 SABAL AVE
City-St-Zip: CLEWISTON, FL 33440

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: BRENDA WHIDDEN

TD

01/13/2012

Electronic Signature of Signing Officer or Director

Date