

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001881

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: THE LIVEARTS PENINSULA FOUNDATION, INC.

## Current Principal Place of Business:

10 FIFTH AVE N STE 204  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

735 ARLINGTON AVE.  
214  
ST PETERSBURG, FL 33701

## Current Mailing Address:

10 FIFTH AVE N STE 204  
ST PETERSBURG, FL 33701

## New Mailing Address:

735 ARLINGTON AVE.  
214  
ST PETERSBURG, FL 33701

FEI Number: 59-3682688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHITTENDEN, HARRY  
10 FIFTH ST N STE 204  
SAINT PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

CHITTENDEN, HARRY  
735 ARLINGTON AVE  
214  
SAINT PETERSBURG, FL 33701 US

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: HARRY CHITTENDEN

04/07/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: SCHILKE, JOELLEN  
Address: 532 FIRST AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PCD ( ) Delete  
Name: DUPRE, STEVEN C ESQ  
Address: 200 CENTRAL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PCD ( ) Delete  
Name: SWANSON, CATHY  
Address: 333 THIRD AVE  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD ( ) Delete  
Name: SOBOCINSKI, MARYANNE  
Address: 490 1ST AVE S  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM ( ) Delete  
Name: CHITTENDEN, HARRY  
Address: 10 5TH AVE #204  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: WEBB, DOROTHY  
Address: 100 4TH AVENUE S #100  
City-St-Zip: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: HELLER, BILL  
Address: 140 SEVENTH AVENUE SOUTH WMS 206  
City-St-Zip: SAINT PETERSBURG, FL 33701

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: MGRM (X) Change ( ) Addition  
Name: CHITTENDEN, HARRY  
Address: 735 ARLINGTON AVE. STE 214  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARRY CHITTENDEN

ED

04/07/2005

Electronic Signature of Signing Officer or Director

Date