2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

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Entity Name: NORTH PORT PERFORMING ARTS ASSOCIATION, INC.

Current Principal Place of Business:

NORTH PORT HIGH SCHOOL/MUSIC SUITE
6400 W PRICE BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

NORTH PORT HIGH SCHOOL/MUSIC SUITE
6400 W PRICE BLVD
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 55-0800340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAPLES, MARY M
6861 MARIUS RD.
NORTH PORT, FL 34287 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: VD ( ) Delete
Name: OBRIEN, JOLENE
Address: 3314 MEADOW RUN CIR
City-St-Zip: VENICE, FL 34293

Title: PD ( ) Delete
Name: THOROMAN, MARY
Address: 4300 NEMO AVENUE
City-St-Zip: NORTH PORT, FL 34287

Title: TD ( ) Delete
Name: MAPLES, MARY
Address: 6861 MARIUS ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete
Name: GERLACH, JUDY
Address: 3105 SCRANTEN ST
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: O'BRIEN, JOLENE
Address: 3314 MEADOW RUN CIR
City-St-Zip: VENICE, FL 34293

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

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

Title: SD (X) Change ( ) Addition
Name: GERLACH, JUDY
Address: 3105 SCRANTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MARY M. MAPLES TRES 04/24/2008
Electronic Signature of Signing Officer or Director — Date