

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007313

FILED  
Apr 01, 2009  
Secretary of State

**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:**

NORTH PORT HIGH SCHOOL/MUSIC SUITE  
6400 W PRICE BLVD  
NORTH PORT, FL 34291

**Current Mailing Address:**

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

**New Mailing Address:**

NORTH PORT HIGH SCHOOL/MUSIC SUITE  
6400 W PRICE BLVD  
NORTH PORT, FL 34291

**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: O'BRIEN, 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 SCRANTON ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: AARON, SUSAN  
Address: 121 MESTRE COURT  
City-St-Zip: NORTH VENICE, FL 34275

Title: PD (X) Change ( ) Addition  
Name: STRUBLE, RUSS  
Address: 1879 CANARY PALM  
City-St-Zip: NORTH PORT, FL 34288

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

Title: SD (X) Change ( ) Addition  
Name: HERNANDEZ, VIRGINIA  
Address: 4848 WHISPERING OAKS  
City-St-Zip: NORTH PORT, FL 34287

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

TD

04/01/2009

Electronic Signature of Signing Officer or Director

Date