

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007313

FILED  
Mar 25, 2010  
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 34291

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
Name: AARON, SUSAN  
Address: 121 MESTRE COURT  
City-St-Zip: NORTH VENICE, FL 34275

Title: PD  
Name: SILKEBAKKEN, DENNIS  
Address: 1897 SLVER PALM ROAD  
City-St-Zip: NORTH PORT, FL 34288

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

Title: SD  
Name: O'BRIEN, JOLENE  
Address: 3314 MEADOW RUN CIRCLE  
City-St-Zip: VENICE, FL 34293

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: MARY M. MAPLES

TREA

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date