2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N03000008124

Entity Name: COMMUNITY PERFORMING ARTS CENTER AT SEASIDE, INC.

Current Principal Place of Business:

121 CENTRAL SQUARE, SUITE G
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4785
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 11-3704680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLEIWEIS, PHYLLIS
30 SMOLIAN CIR
SANTA ROSA BEACH, FL 32459 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: D ( ) Delete
Name: STORM, RICHARD
Address: 1741 MAIN ST #101
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: DAMROTH, MARY
Address: 2078 OLDE TOWN AVE
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: DAVIS, ROBERT S
Address: 2961 VALLEJO
City-St-Zip: SAN FRANCISCO, CA 94123

Title: D ( ) Delete
Name: SCRUGGS, PHYLLIS R
Address: 365 RIVERBLUFF PLACE
City-St-Zip: MEMPHIS, TN 38103

Title: D ( ) Delete
Name: GIBBS, RICHARD
Address: P.O. BOX 4792
City-St-Zip: SEASIDE, FL 32459

Title: D ( ) Delete
Name: BLEIWEIS, PHYLLIS
Address: 30 SMOLIAN CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PHYLLIS BLEIWEIS D 04/18/2005

Electronic Signature of Signing Officer or Director — Date