## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008246

Entity Name: ORLANDO PERFORMING ARTS CENTER CORPORATION

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:  359 CAROLINA AVENUE WINTER PARK, FL 32789  Current Mailing Address:	New Principal Place of  New Mailing Address:	Business:
359 CAROLINA AVENUE WINTER PARK, FL 32789		
FEI Number: 20-0695917 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
PUGH, JAMES H JR 359 CAROLINA AVENUE WINTER PARK, FL 32789		
The above named entity submits this statement for the purin the State of Florida.	oose of changing its registered o	ffice or registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Agen		Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: PUGH, JAMES H JR Address: 3000 LAKE SHORE DRIVE City-St-Zip: ORLANDO, FL 32803	Title: D,P (X) Name: PUGH, JAMES Address: 359 CAROLINA City-St-Zip: WINTER PARK	AVENUE
Title: ( ) Delete Name: Address: City-St-Zip:	Title: D,T () Name: ALLARD, JEAN- Address: 1936 LEE ROAI City-St-Zip: WINTER PARK	0
Title: ( ) Delete Name: Address: City-St-Zip:	Title: D,S () Name: GINSBURG, AL Address: 1551 SANDSPU City-St-Zip: MAITLAND, FL	IR ROAD

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: JAMES H. PUGH, JR. D,P 04/28/2004