


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 050 ****61.25

DOCUMENT # N03000008246
1. Entity Name
ORLANDO PERFORMING ARTS CENTER CORPORATION



Principal Place of Business Mailing Address
359 CAROLINA AVENUE **359 CAROLINA AVENUE**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
20-0695917 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
PUGH, JAMES H JR
359 CAROLINA AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | D,P,C | <input type="checkbox"/> Delete |
| NAME | PUGH, JAMES H JR | |
| STREET ADDRESS | 359 CAROLINA AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | D,T | <input type="checkbox"/> Delete |
| NAME | ALLARD, JEAN-MARC | |
| STREET ADDRESS | 1936 LEE ROAD | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | D,S | <input checked="" type="checkbox"/> Delete |
| NAME | GINSBURG, ALAN | |
| STREET ADDRESS | 1551 SANDSPUR ROAD | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|----------------------------------|---------------------------------|--|
| TITLE | D,S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Brown, C. David | | |
| STREET ADDRESS | 390 N. Orange Avenue, Suite 1100 | | |
| CITY-ST-ZIP | Orlando, FL 32801-4961 | | |
| TITLE | D,V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Nunis, Richard A. | | |
| STREET ADDRESS | P.O. Box 547309 | | |
| CITY-ST-ZIP | Orlando, FL 32854-7309 | | |
| TITLE | D,V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Seneff, James M. Jr | | |
| STREET ADDRESS | PO Box 4920 | | |
| CITY-ST-ZIP | Orlando, FL 32802-4920 | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Dyer, John H. Jr | | |
| STREET ADDRESS | PO Box 4990 | | |
| CITY-ST-ZIP | Orlando, FL 32802-4990 | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Crotty, Richard T | | |
| STREET ADDRESS | PO Box 1393 | | |
| CITY-ST-ZIP | Orlando, FL 32802 | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Hitt, John C. | | |
| STREET ADDRESS | PO Box 160002 | | |
| CITY-ST-ZIP | Orlando, FL 32816-0002 | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #