

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008246

FILED
Apr 23, 2007
Secretary of State

Entity Name: ORLANDO PERFORMING ARTS CENTER CORPORATION

Current Principal Place of Business:

455 SOUTH ORANGE AVENUE
410
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

455 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-0695917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGH, JAMES H JR
359 CAROLINA AVENUE
WINTER PARK, FL 32789 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: DPC () Delete
Name: PUGH, JAMES H JR
Address: 359 CAROLINA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D,T () Delete
Name: ALLARD, JEAN-MARC
Address: 1330 LAKE KNOWLES CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BROWN, C. DAVID
Address: 390 N ORANGE AVE STE 1100
City-St-Zip: ORLANDO, FL 328014961

Title: VD () Delete
Name: NUNIS, RICHARD A
Address: PO BOX 547309
City-St-Zip: ORLANDO, FL 328547309

Title: DV () Delete
Name: SENEFF, JAMES M JR
Address: PO BOX 4920
City-St-Zip: ORLANDO, FL 328024920

Title: S (X) Delete
Name: RAMSBERGER, KATHERINE
Address: 455 SOUTH ORANGE AVENUE, SUITE 410
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: PUGH, JAMES H JR
Address: 359 CAROLINA AVENUE
City-St-Zip: WINTER PARK, FL 32789

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

Title: D, S (X) Change () Addition
Name: TIMBERLAKE, EDMUND
Address: 390 N. ORANGE AVENUE SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: D,P (X) Change () Addition
Name: KATHERINE, RAMSBERGER
Address: 455 SOUTH ORANGE AVENUE, SUITE 410
City-St-Zip: ORLANDO, FL 32801

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 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: RACHEL KINGSTON

MS.

04/23/2007

Electronic Signature of Signing Officer or Director

Date