

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009933

FILED
Jan 24, 2007
Secretary of State

Entity Name: ACADEMY FOR THE PERFORMING ARTS, INC.

Current Principal Place of Business:

1901 23 ST
VERO BEACH, FL 32960

New Principal Place of Business:

1901 23 ST
ROOM 219
VERO BEACH, FL 32960

Current Mailing Address:

1901 23 ST
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 41-2108806 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, GARY
1901 23 ST
VERO BEACH, FL 32960 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: DP () Delete
Name: MILLER, GARY
Address: 865 19TH ST SW
City-St-Zip: VERO BEACH, FL 32962

Title: DS () Delete
Name: COMPTON, ART
Address: 163 RICHARD ST.
City-St-Zip: SEBASTIAN, FL 32958

Title: DT () Delete
Name: ECKMAN, DAVID
Address: 9460 MEADOWOOD DR #105
City-St-Zip: FT PIERCE, FL 34951

Title: DS () Delete
Name: TUCKER, SHEILA
Address: 127 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: PAUL, JOHN D DR.
Address: 505 NORTH A1A, #8-5
City-St-Zip: FT PIERCE, FL 34949

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: GARY MILLER

DP

01/24/2007

Electronic Signature of Signing Officer or Director

Date