

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007511

FILED
Jan 17, 2005
Secretary of State

Entity Name: ARTISTIC REPERTORY THEATER AND SCHOOL, INCORPORATED

Current Principal Place of Business:

174 SPRINGFIELD PASS
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22655
LAKE BUENA VISTA, FL 32830 US

New Mailing Address:

FEI Number: 52-2445424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOVASSO, STEPHEN MR.
174 SPRINGFIELD PASS
DAVENPORT, FL 33897 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: P () Delete
Name: SCOVASSO, STEPHEN MR.
Address: 174 SPRINGFIELD PASS
City-St-Zip: DAVENPORT, FL 33897 US

Title: VP () Delete
Name: BENITEZ, ALBERTO O MR.
Address: 174 SPRINGFIELD PASS
City-St-Zip: DAVENPORT, FL 33897 US

Title: S () Delete
Name: CHARON, CRISTINA MRS.
Address: 13028 PLANTATION PARK CIRCLE #1222
City-St-Zip: ORLANDO, FL 32821 US

Title: T () Delete
Name: BROOKS, MICHAEL MR.
Address: 3431 FERNWOOD DR
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP (X) Delete
Name: SCOVASSO, ANTHONY MR.
Address: 104 MONGAUP ROAD
City-St-Zip: HURLEYVILLE, NY 12747 US

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:

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: STEPHEN SCOVASSO

P

01/17/2005

Electronic Signature of Signing Officer or Director

Date