

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000829

FILED
Jul 03, 2006
Secretary of State

Entity Name: STAGEDOOR PERFORMING ARTS, INC.

Current Principal Place of Business:

501 S BRYAN CIRCLE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

501 S BRYAN CIRCLE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 52-2457496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OTTO, WAYNE
501 S BRYAN CIRCLE
BRANDON, FL 33511 US

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: OTTO, WAYNE
Address: 501 S BRYAN CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: DV () Delete
Name: MILLER, BRUCE
Address: 608 W JERSEY AVE
City-St-Zip: BRANDON, FL 33510

Title: DV () Delete
Name: PAZO, DOMIN
Address: 11114 ROBERTS LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: DV () Delete
Name: FAUROUTE, RICK
Address: 925 MEIZNER REAL AVE BLD 2 APT 302
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: COSTA, JOSIE
Address: 7512 ROBINDALE RD
City-St-Zip: TAMPA, FL 33619

Title: S () Delete
Name: MILLER, THERESA
Address: 608 W JERSEY AVE
City-St-Zip: BRANDON, FL 33510

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:

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: WAYNE OTTO

DP

07/03/2006

Electronic Signature of Signing Officer or Director

Date