

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005181

FILED
Jan 13, 2006
Secretary of State

Entity Name: PERFORMING ARTS OF MAITLAND, INC.

Current Principal Place of Business:

111 S MAITLAND AVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

111 S MAITLAND AVE
MAITLAND, FL 32751

New Mailing Address:

117 WHITECAPS CR
MAITLAND, FL 32751

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEPARD, CLIFFORD B
111 S MAITLAND AVE
MAITLAND, FL 32751 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: FLOWERS, JEFF
Address: 117 WHITECAPS CR
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: ANDERTON, DAVID
Address: 203 LONGBRANCH CT
City-St-Zip: WINTER PARK, FL 32792

Title: T () Delete
Name: GOLDSTEIN, ELLEN
Address: 2101 DYAN WAY
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: BLACK, LINDA
Address: 3324 MARDIS RD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: SINCLAIR, JOHN
Address: 1000 HOLT AVE 2731
City-St-Zip: WINTER PARK, FL 327894499

Title: D () Delete
Name: PATTEN, MARGARET A
Address: 1126 BENT BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOWERS, JEFF S PH.D.
Address: 117 WHITECAPS CR
City-St-Zip: MAITLAND, FL 32751

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

Title: T (X) Change () Addition
Name: ANDERSON, ROGER
Address: 1128 BENT BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JEFF S FLOWERS

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date