

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005181

FILED  
Jan 11, 2008  
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:**

117 WHITECAPS CR  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-2872120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 S PH.D.  
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: ANDERSON, ROGER  
Address: 1128 BENT BIRCH CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ( ) 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 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 FLOWERS

P

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date