

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005622

FILED
Feb 20, 2007
Secretary of State

Entity Name: MARK AND MARGERY PABST CHARITABLE FOUNDATION FOR THE ARTS, INC.

Current Principal Place of Business:

321 WEST READING WAY
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

321 WEST READING WAY
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-3041227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTON, WILLIAM T ESQ
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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: D (X) Delete
Name: PABST, MARK L
Address: 321 WEST READING WAY
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PABST, MARGERY L
Address: 321 WEST READING WAY
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PRESTON, WILLIAM T ESQ
Address: 143 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: TALLENT, WILLIAM
Address: 2600 LAKE LUCIEN DRIVE #207
City-St-Zip: MAITLAND, FL 32751

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:

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: WILLIAM T. PRESTON

D

02/20/2007

Electronic Signature of Signing Officer or Director

Date