## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005622

FILED Feb 08, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

321 WEST READING WAY WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

321 WEST READING WAY WINTER PARK, FL 32789

FEI Number: 20-3041227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRESTON, WILLIAM T ESQ

143 CANAL STREET

NEW SMYRNA BEACH, FL 32168 US

LOWMAN, WILLIAM R JR

1000 LEGION PLACE, SUITE 1700

ORLANDO, FL 32801 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: WILLIAM R. LOWMAN, JR. 02/08/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 DPS
 (X) Change ( ) Addition

 Name:
 PABST, MARGERY L
 Name:
 PABST, MARGERY L

 Address:
 321 WEST READING WAY
 Address:
 321 WEST READING WAY

Address: 321 WEST READING WAY
City-St-Zip: WINTER PARK, FL 32789

Name: PADST, MARGERT E
Address: 321 WEST READING WAY
City-St-Zip: WINTER PARK, FL 32789

WINTER PARK, FL 32789

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: PRESTON, WILLIAM T ESQ Name: LOWMAN, WILLIAM R JR

 Address:
 143 CANAL STREET
 Address:
 1000 LEGION PLACE, SUITE 1700

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168
 City-St-Zip:
 ORLANDO, FL 32801

Title: D ( ) Delete Title: DVT (X) Change ( ) Addition Name: TALLENT, WILLIAM Name: TALLENT, WILLIAM

Address: 2600 LAKE LUCIEN DRIVE #207 Address: 2600 LAKE LUCIEN DRIVE #207

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

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: MARGERY L. PABST P 02/08/2008