


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 046 ****61.25

DOCUMENT # N05000007340 1. Entity Name THE SOCIETY OF THE NORTH PORT PERFORMING ARTS CENTER, INC.					
Principal Place of Business NORTH PORT HIGH SCHOOL 6400 W PRICE BLVD NORTH PORT, FL 34286			Mailing Address NORTH PORT HIGH SCHOOL 6400 W PRICE BLVD NORTH PORT, FL 34286		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THIELE, JAMES 4601 MACCAUGHRY DR NORTH PORT, FL 34287				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIELE, JAMES		NAME		
STREET ADDRESS	4601 MACCAUGHRY DR		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNDEEN, MINA		NAME		
STREET ADDRESS	4153 CORVETTE LANE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEIL, JUDY		NAME		
STREET ADDRESS	4601 MACCAUGHRY DR		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANGOLD, JEAN		NAME	MANGOLD, JOAN	
STREET ADDRESS	7024 PAN AMERICAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joan K. Mangold</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/19/07 <small>Date</small>		Daytime Phone #: 941-423-8655 <small>Daytime Phone #</small>