


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

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
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01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0902582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THIELE, JAMES
4601 MACCAUGHRY DR
NORTH PORT, FL 34287**

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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 Joan K Mangold, Treasurer DATE 2/23/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000842303 03/11/08 80043 010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THIELE, JAMES 4601 MACCAUGHRY DR NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNDEEN, MINA 4153 CORVETTE LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEIL, JUDY 4601 MACCAUGHRY DR NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANGOLD, JOAN 7024 PAN AMERICAN BLVD NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joan K Mangold Joan K Mangold 2/23/08 941-423-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #