

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007340

FILED
Mar 14, 2012
Secretary of State

Entity Name: THE SOCIETY OF THE NORTH PORT PERFORMING ARTS CENTER, INC.

Current Principal Place of Business:

C/O NORTH PORT HIGH SCHOOL
6400 W. PRICE BLVD
NORTH PORT, FL 34291

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT R. JONES
4523 LAGOON TERRACE
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 55-0902582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ROBERT R
4523 LAGOON TERRACE
NORTH PORT, FL 34286 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: PRES
Name: ARLINGTON, KAREN
Address: 2465 ENSENADA LN
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP
Name: WOSNY, NANCY
Address: 6167 OTIS ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: SECT
Name: SARDELL, VALERIE
Address: 313 SALT CREEK DR
City-St-Zip: NORTH PORT, FL 34287 US

Title: TREA
Name: JONES, ROBERT R
Address: 4523 LAGOON TERRACE
City-St-Zip: NORTH PORT, FL 34286 US

Title: TRUS
Name: CLOWNEY, BILL
Address: 6733 PAN AMERICAN BLVD
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: ROBERT R. JONES

TREA

03/14/2012

Electronic Signature of Signing Officer or Director

Date