2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2007
Secretary of State

DOCUMENT# N05000010465

Entity Name: NORTH PORT HIGH SCHOOL THEATRE GUILD INC

Current Principal Place of Business:

6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 51-0560640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BREWARD, KATHLEEN
6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

SUTTER, DONNA
6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286 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: DONNA SUTTER 09/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEST, ROBIN
Address: 1246 AMNESTY DR.
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete
Name: RAWLINGS, KARIE
Address: 6292 OTIS ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete
Name: BREWARD, KATHLEEN
Address: 2646 MAP AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: S (X) Delete
Name: DECARLO, NANCY
Address: 4261 CUTHBERT AVE.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DECARLO, NANCY
Address: 4261 CUTHBERT AVE
City-St-Zip: NORTH PORT, FL 34286

Title: T (X) Change ( ) Addition
Name: SUTTER, DONNA
Address: 4400 MADDOCK CIRCLE
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONNA SUTTER T 09/19/2007
Electronic Signature of Signing Officer or Director Date