2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005511

FILED Jan 17, 2008 Secretary of State

Entity Name: VILLAGERS PERFORMING ARTS ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1322 AUGUSTINE DR THE VILLAGES, FL 32162 **Current Mailing Address: New Mailing Address:** 1322 AUGUSTINE DR THE VILLAGES, FL 32162 FEI Number: 51-0575074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOLASH, WILLIAM P BOLASH, WILLIAM P 734 WINIFRED WAY 845 WINIFRED WAY THE VILLAGES, FL 32162 US THE VILLAGES, FL 32162 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: 01/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ST AMANT, RICHARD Name: Name: Address: 1303 DEBRA DR Address: City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: Title: () Delete Title: () Change () Addition CORLEY-WIX, JEAN L Name: Name: Address: 1322 AUGUSTINE DR Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition PANNELL, CONNIE Name: CLARK, LOUISE Name: 8980 SE 178TH MUIRFIELD PL Address: Address: 614 LISBON LANE City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: THE VILLAGES, FL 32162 Title: DT () Delete Title: DT (X) Change () Addition Name: BOLASH, WILLIAM P Name: BOLASH, WILLIAM P 734 WINIFRED WAY 845 WINIFRED WAY Address: Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: THE VILLAGES, FL 32162

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: WILLIAM P. BOLASH TREA 01/17/2008