2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N06000005511

Entity Name: VOLUNTEERS PERFORMING ARTS ALLIANCE, INC.

Current Principal Place of Business:

3201 DARIEN WAY
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

3201 DARIEN WAY
THE VILLAGES, FL 32162

New Mailing Address:

P.O. BOX 2201
LADY LAKE, FL 32158

FEI Number: 51-0575074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLASH, WILLIAM P
845 WINIFRED WAY
THE VILLAGES, FL 32162 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: DP ( ) Delete
Name: ST AMANT, RICHARD
Address: 1303 DEBRA DR
City-St-Zip: THE VILLAGES, FL 32159

Title: DV ( ) Delete
Name: CORLEY-WIX, JEAN
Address: 1322 AUGUSTINE DR
City-St-Zip: THE VILLAGES, FL 32162

Title: DS ( ) Delete
Name: CLARK, LOUISE
Address: 614 LISBON LANE
City-St-Zip: THE VILLAGES, FL 32162

Title: DT ( ) Delete
Name: BOLASH, WILLIAM P CPA
Address: 845 WINIFRED WAY
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM P. BOLASH TREA 02/03/2009

Electronic Signature of Signing Officer or Director — Date