

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90052 020 ****70.00

DOCUMENT # N06000007105					
1. Entity Name FLORIDA CENTER FOR PERFORMING ARTS AND EDUCATION, INC.					
Principal Place of Business 1005 EAST PARK AVENUE TALLAHASSEE, FL 32301			Mailing Address 1005 EAST PARK AVENUE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 831 LAKE RIDGE DRIVE		3. Mailing Address 831 LAKE RIDGE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number (EIN 20-5147015)	
Zip 32312		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THALER, MANLEY H 2214 GENEVIEVE COURT TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name: WILLIAM D. TOWNSEND Street Address (P.O. Box Number is Not Acceptable): FOWLER WHITE BIGGS BANKER 101 NORTH MONROE STREET - SUITE 1090 City: TALLAHASSEE FL Zip Code: 32301		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME SMITH, PAULA P STREET ADDRESS 1005 EAST PARK AVENUE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE P NAME OCHS, SYLVIA C. STREET ADDRESS 831 LAKE RIDGE DRIVE CITY-ST-ZIP TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NELSON, GAYLE STREET ADDRESS 3119 BROCKTON WAY CITY-ST-ZIP TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE T NAME CARROLL, FREDERICK III STREET ADDRESS 520 SHORT STREET CITY-ST-ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME OCHA, SYLVIA C STREET ADDRESS 831 LAKE RIDGE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 323121003	<input type="checkbox"/> Delete		TITLE D NAME BATEMAN, FREDERICK STREET ADDRESS 300 EAST PARK AVENUE CITY-ST-ZIP TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WILLIAMS, KIM B STREET ADDRESS 917 SUMMERBROOKE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE D NAME CAMPS, JOSEPH L. STREET ADDRESS 2000 CENTER POINTE BLVD CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CARROLL, FREDERICK III STREET ADDRESS 520 SHORT STREET CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE D NAME MONTFORD, BILL STREET ADDRESS 208 SOUTH MONROE CITY-ST-ZIP TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE D NAME THOMAS, ANDRE STREET ADDRESS 3232 CONSTELLATION COURT CITY-ST-ZIP TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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:

*SEE ATTACHED SHEET

ATTACHMENT

40016807

N0600000 7105

Additions / Changes to Officers and Directors in 10

Title	D	[Addition]
Name	Vause, Lee	
Street Address	57 Spring View Drive	
City -ST-Zip	Crawfordville, FL 32327	

Title	D	[Addition]
Name	Moyle, Jon	
Street Address	117 North Gadsden Street	
City-ST-Zip	Tallahassee, FL 32301	