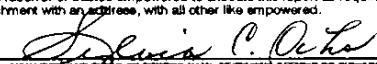


FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 013 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000007105			
1. Entity Name FLORIDA CENTER FOR PERFORMING ARTS AND EDUCATION, INC.			
Principal Place of Business 831 LAKE RIDGE DR TALLAHASSEE, FL 32312		Mailing Address 831 LAKE RIDGE DR TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5147015		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWNSEND, WILLIAM D 101 N. MONROE STREET SUITE 1090 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	SMITH, PAULA P		
STREET ADDRESS	1005 EAST PARK AVENUE		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE	D	☐ Delete	
NAME	NELSON, GAYLE		
STREET ADDRESS	3119 BROCKTON WAY		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		
TITLE	D	☐ Delete	
NAME	OCHS, SYLVIA		
STREET ADDRESS	831 LAKE RIDGE DRIVE		
CITY-ST-ZIP	TALLAHASSEE, FL 323121003		
TITLE	X VP	☐ Delete	
NAME	WILLIAMS, KIM B		
STREET ADDRESS	917 SUMMERBROOKE DRIVE		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
TITLE	X SECY/TREAS	☐ Delete	
NAME	CARROLL, FREDERICK III		
STREET ADDRESS	520 SHORT STREET		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE	D	☐ Delete	
NAME	THOMAS, ANDRE		
STREET ADDRESS	3232 CONSTELLATION CT.		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Change ☒ Addition	
NAME	BATEMAN, FREDERICK		
STREET ADDRESS	201 S. MONROE ST - 5TH FLOOR		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
TITLE	D	☐ Change ☒ Addition	
NAME	MATTHEWS, VALENCIA		
STREET ADDRESS	2218 PONTIAC DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
TITLE	D	☐ Change ☒ Addition	
NAME	MONTFORD, BILL		
STREET ADDRESS	208 S. MONROE ST.		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
TITLE	D	☐ Change ☒ Addition	
NAME	MOYLE, JON		
STREET ADDRESS	118 N. GADSDEN ST.		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
TITLE	D	☐ Change ☒ Addition	
NAME	VANCORE, STEVE		
STREET ADDRESS	112 S. CALHOUN ST. 2ND FLOOR		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
TITLE	D	☐ Change ☒ Addition	
NAME	VAUSE, LEE		
STREET ADDRESS	57 SPRINGVIEW DR.		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		
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 addressee, with all other like empowered.			
SIGNATURE: 		SYLVIA C. OCHS Jan 7, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40000519



01072008 Chg-NP CR2E037 (12/08)

FL

Zip Code

850.893.2497