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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.

40000519

Principal Place of Business	Mailing Address
831 LAKE RIDGE DR TALLAHASSEE, FL 32312	831 LAKE RIDGE DR TALLAHASSEE, FL 32312

01072008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
TOWNSEND, WILLIAM D 101 N. MONROE STREET SUITE 1090 TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, PAULA P 1005 EAST PARK AVENUE TALLAHASSEE, FL 32301	☐ Delete	D BATEMAN, FREDERICK 201 S. MONROE ST - 5TH FLOOR TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, GAYLE 3119 BROCKTON WAY TALLAHASSEE, FL 32309	☐ Delete	D MATTHEWS, VALENCIA 2218 PONTIAC DRIVE TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCHS, SYLVIA 831 LAKE RIDGE DRIVE TALLAHASSEE, FL 323121003	☐ Delete	D MONTFORD, BILL 208 S. MONROE ST. TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X VP WILLIAMS, KIM B 917 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312	☐ Delete	D MOYLE, JON 118 N. GADSDEN ST. TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X SECY/TREAS CARROLL, FREDERICK III 520 SHORT STREET TALLAHASSEE, FL 32308	☐ Delete	D VANCORE, STEVE 112 S. CALHOUN ST. 2ND FLOOR TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, ANDRE 3232 CONSTELLATION CT. TALLAHASSEE, FL 32312	☐ Delete	D VAUSE, LEE 57 SPRING VIEW DR. CRAWFORDVILLE FL 32327	☐ Change ☑ 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: Sylvia C. Ochs SYLVIA C. OCHS Jan 7, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

850.893.2497
Daytime Phone #