

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007105

FILED
Jan 07, 2009
Secretary of State

Entity Name: FLORIDA CENTER FOR PERFORMING ARTS AND EDUCATION, INC.

Current Principal Place of Business:

831 LAKE RIDGE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

612 SOUTH COPELAND STREET
TALLAHASSEE, FL 32304 US

Current Mailing Address:

831 LAKE RIDGE DR
TALLAHASSEE, FL 32312

New Mailing Address:

POST OFFICE BOX 20012
TALLAHASSEE, FL 32316 US

FEI Number: 20-5147015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWNSEND, WILLIAM D
101 N. MONROE STREET
SUITE 1090
TALLAHASSEE, FL 32301 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: D () Delete
Name: SMITH, PAULA P
Address: 1005 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: NELSON, GAYLE
Address: 3119 BROCKTON WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: OCHS, SYLVIA
Address: 831 LAKE RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 323121003

Title: VP () Delete
Name: WILLIAMS, KIM B
Address: 917 SUMMERBROOKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST () Delete
Name: CARROLL, FREDERICK III
Address: 520 SHORT STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: THOMAS, ANDRE
Address: 3232 CONSTELLATION CT.
City-St-Zip: TALLAHASSEE, FL 32312

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
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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: SYLVIA C. OCHS

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date