

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010077

FILED
Apr 01, 2009
Secretary of State

Entity Name: ROYAL PALM PERFORMING ARTS THEATRE, INC.

Current Principal Place of Business:

225 SARATOGA BLVD. E.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

225 SARATOGA BLVD. E.
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0384634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGLIARO, PETER
225 SARATOGA BLVD., EAST
ROYAL PALM BEACH, FL 33411 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: TP () Delete
Name: PAGLIARO, DEBORAH
Address: 225 SARATOGA BLVD., EAST
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S () Delete
Name: JONES, ROBERT
Address: 3530 H ARWICH COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: COPPOLETTA, CANDICE
Address: 12221 59TH ST.N.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: PAGLIARO, PETER
Address: 225 SARATOGA BLVD., EAST
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: PETER PAGLIARO

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date