2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07000004549

Entity Name: THE WEST TAMPA CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

1906 N. ARMENIA AVE.
TAMPA, FL 336073408

New Principal Place of Business:

Current Mailing Address:

1906 N. ARMENIA AVE.
TAMPA, FL 336073408

New Mailing Address:

FEI Number: 90-0106337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLAN, MAIDA .
1906 N. ARMENIA AVE.
TAMPA, FL 33607 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: PD ( ) Delete
Name: VANPELT, JON
Address: 1906 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Delete
Name: VANPELT, JOHN D JR
Address: 1906 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

Title: S/T ( ) Delete
Name: VANPELT, VIRGINIA
Address: 1906 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

Title: S/D ( ) Delete
Name: ELLIS, EDWARD
Address: 1906 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: ELLIS, HOWARD
Address: 1906 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: ELLIS, WAILES
Address: 1906 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

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:

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: WAILES ELLIS D 04/22/2009

Electronic Signature of Signing Officer or Director — Date