2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009134

Current Principal Place of Business:

930 BAYSHORE DRIVE

FILED Aug 31, 2009 Secretary of State

Entity Name: LEMON BAY PERFORMING ARTS ACADEMY, INC.

ENGLEWOOD, FL 34233 ENGLEWOOD, FL 34233 **Current Mailing Address: New Mailing Address:** 930 BAYSHORE DRIVE 1873 WHISPERING PINES CIR ENGLEWOOD, FL 34233 ENGLEWOOD, FL 34233 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLY, JENNIFER KELLY, JENNIFER 930 BÁYSHORE DRIVE

1873 WHISPERING PINES CIR US ENGLEWOOD, FL 34233 ENGLEWOOD, FL 34233

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: JENNIFER L KELLY 08/31/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

1873 WHISPERING PINES CIR

(X) Change () Addition () Delete KELLY, JENNIFER KELLY, JENNIFER Name: Name: Address: 930 BAYSHORE DRIVE Address: 1873 WHISPERING PINES CIR City-St-Zip: ENGLEWOOD, FL 34233 City-St-Zip: ENGLEWOOD, FL 34233

Title: () Delete Title: (X) Change () Addition Name: RAGAN, SHERIE Name: RAGAN, SHERIE Address: 38 TOPPING LANE Address: 930 BAYSHORE DR

City-St-Zip: DES PERES, MO 63131 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: () Change () Addition Name:

BAER, SARAH Name: 142 MARK TWAIN LANE Address: Address: City-St-Zip: ROTONDA WEST, FL 33947 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: JENNIFER L KELLY D 08/31/2009