# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 02, 2008 8:00 am**
**Secretary of State**
09-02-2008 90031 020 ****66.25

DOCUMENT # N07799

1. Entity Name
SOCIETY FOR ENTERTAINMENT AND ARTS DEVELOPMENT, INC.

40114881

| Principal Place of Business | Mailing Address |
|---|---|
| 4009 S. ACCESS RD.<br>ENGLEWOOD, FL 34224 | P O BOX 495967<br>PORT CHARLOTTE, FL 33949-5967 |

08132008 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 65-2530729 ☐ 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 |
|---|---|
| WELTER, PAULA E<br>4009 S. ACCESS RD.<br>ENGLEWOOD, FL 34224 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Paula E. Welter 8/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 12, 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 | PD<br>WELTER, PAULA E<br>4009 S. ACCESS ROAD<br>ENGLEWOOD, FL 34224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD GENARO COTA<br>1605 SHADOW LANE APT A<br>ENGLEWOOD 34224 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>PARKES, MOLLY Resigned<br>P.O. BOX 496186<br>PORT CHARLOTTE, FL 339496186 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV DONNA BURBIDGE V.P.<br>29528 TAPPANZEE DR.<br>PORT CHARLOTTE, FL. 33952 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DAWSON, KYM Resigned<br>4770 OAKLEY ROAD.<br>NORTHPORT, FL 34288 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** Paula E. Welter 8/26/08 941-661-6773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #