2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2010
Secretary of State

DOCUMENT# N09000008133

Entity Name: DADE CITY CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

37848 BOUGAINVILLEA AVENUE
DADE CITY, FL 33525

New Principal Place of Business:

14125 7TH STREET
DADE CITY, FL 33525

Current Mailing Address:

37848 BOUGAINVILLEA AVENUE
DADE CITY, FL 33525

New Mailing Address:

37848 BOUGAINVILLEA AVE
DADE CITY, FL 33525

FEI Number: 27-0950266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, CAMILLE S
37848 BOUGAINVILLEA AVENUE
DADE CITY, FL 33525 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
Name: HERNANDEZ, CAMILLE S
Address: 37848 BOUGAINVILLEA AVENUE
City-St-Zip: DADE CITY, FL 33525

Title: VD
Name: WILEY, KATHRYN
Address: 36629 CHRISTIAN ROAD
City-St-Zip: DADE CITY, FL 33523

Title: SD
Name: SPOTO, MARY
Address: PO BOX 6665MC 2127
City-St-Zip: ST LEO, FL 33574

Title: TD
Name: LEMARCA-FRANKEL, CONNIE
Address: 36727 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: BAGGETT, JUDSON CPA
Address: 6815 DAIRY ROAD
City-St-Zip: ZEPHYRHILLS, FL 335421629

I hereby 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 all other like empowered.

SIGNATURE: CAMILLE SUTHERLAND HERNANDEZ PRES 04/25/2010

Electronic Signature of Signing Officer or Director — Date