

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12288

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: SUNCOAST PERFORMING ARTS FOUNDATION, INC.

**Current Principal Place of Business:**

LARGO CULTURAL CENTER  
105 CENTRAL PARK DR  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

PARTNERS N PROGRESS INC  
P.O BOX 1030  
LARGO, FL 33779 US

**New Mailing Address:**

SUNCOAST PERFORMING ARTS FOUNDATION, INC  
P.O BOX 1030  
LARGO, FL 33779 US

FEI Number: 59-2597553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALL, JUDITH F  
101 BAYWOOD AVE  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

FEASTER, KIMBERLY D  
13300 INDIAN ROCKS ROAD  
VILLA 1304  
LARGO, FL 33774 US

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: KIMBERLY FEASTER

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: OSBORNE, SUE  
Address: 10621 117TH DRIVE N  
City-St-Zip: LARGO, FL 33773

Title: DIR  
Name: LEHAN, LLOYD D  
Address: 2725 VIA CIPRIANI UNIT 723B  
City-St-Zip: CLEARWATER, FL 33764

Title: DIR  
Name: BORDEAUX, SUE  
Address: 11100 IROQUIS WAY  
City-St-Zip: LARGO, FL 33774

Title: PRES  
Name: FEASTER, KIM  
Address: 13300 INDIAN ROCKS RD., VILLA #1304  
City-St-Zip: LARGO, FL 33774

Title: DIR  
Name: HALL, JUDITH F  
Address: 101 BAYWOOD AVE  
City-St-Zip: CLEARWATER, FL 33765

Title: DIR  
Name: MARGARET, COUPE  
Address: 100 OAKMONT LANE  
City-St-Zip: CLEARWATER, FL 33756 US

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: KIMBERLY FEASTER

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date