

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24263

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: PERFORMING ARTS CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

1111 MCMULLEN ROAD  
CLEARWATER, FL 33759 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 MCMULLEN ROAD  
CLEARWATER, FL 33759 US

**New Mailing Address:**

FEI Number: 59-2868623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RABON, KATHY S  
1111 MCMULLEN ROAD  
CLEARWATER, FL 33759 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: ED ( ) Delete  
Name: RABON, KATHY S  
Address: 107 PARK STREET  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: CD ( ) Delete  
Name: NODINE, WILLIAM  
Address: 565 BAYVIEW DRIVE  
City-St-Zip: BELLEAIR, FL 33756

Title: VD ( ) Delete  
Name: MAGIDSON, JOSHUA  
Address: 981 BAY ESPLANADE  
City-St-Zip: CLEARWATER, FL 33767

Title: TD ( ) Delete  
Name: CARLISLE, STEVE  
Address: 3 HARBORSIDE  
City-St-Zip: BELLEAIR, FL 33756

Title: AT ( ) Delete  
Name: ROSS, WILLIAM A III  
Address: 125 DEVON DR  
City-St-Zip: CLEARWATER, FL

Title: AS ( ) Delete  
Name: SPRINGER, HEATHER  
Address: 1611 FOX RUN DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: MAGIDSON, JOSHUA  
Address: 981 BAY ESPLANADE  
City-St-Zip: CLEARWATER, FL 33767

Title: VD (X) Change ( ) Addition  
Name: CARLISLE, STEVE  
Address: 3 HARBORSIDE  
City-St-Zip: BELLEAIR, FL 33756

Title: TD (X) Change ( ) Addition  
Name: EDMUNDS, MARK  
Address: 1019 CHILLUM COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AT (X) Change ( ) Addition  
Name: WALKER, RICHARD L  
Address: 1202 SEAGATE DRIVE, APT. 308  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD WALKER

AT

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date