## **FILED** Jan 29, 2007 8:00 am Secretary of State

ANNUAL REPORT	IION
DOCUMENT # N24263	

1. Entity Name PERFORMING ARTS CENTER FOUNDATION, INC.							01-29-2007 90078 028 *****70.00					
Principal Place of Business 1111 MCMULLEN ROAD CLEARWATER, FL 33759 US Address 1111 MCMULLEN ROAD CLEARWATER, FL 33759 US CLEARWATER, FL 33759 US					S			יטעס	በርጀሳ	ı		
Principal Place of Business - No P.O. Box #     3. Mailing Address					· <b></b> ····							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01182007	Chg-NP	CR2E0	37 (12/06)			
City & State		City & State	City & State			4. FEI Number 59-28686	623			plied For ot Applicable		
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered Agent		Name		7. Name and Ad	idress of New R	egistered	Agent	<u> </u>	
RABON, K	<b>JULLEN</b> R					ddress (F	<sup>2</sup> .O. Box Number is	s Not Acceptable	3)			
CLEARWA	ATER, FL	33759									<u>.</u>	
		<u></u>			City FL Zip Code							
8. The above the obliga	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	s registere	ed office or	registere	ed agent, or both, i	in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE												
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatur	re required	when reinstaling)		DATE			
	Filing Fe	e is \$61.25 flay 1, 2007	9. Election Cal Trust Fund (	mpaign F	inancing		\$5.00 May Be Added to Fees	Flor	ake chec ida Depa	k payable t	tate	
10.	Filing Fe Due by N	e is \$61.25	9. Election Can Trust Fund (	mpaign F Contributi	inancing ion. [		\$5.00 May Be	Flor	ake chec ida Depa	RECTORS IN	tate	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ED RABON, H	OFFICERS AND DIR  CATHY S CSTREET HARBOR, FL 34695	9. Election Can Trust Fund (	mpaign F Contributi  11.  TITLE NAMI STRE CITY	inancing ion. [	ED Robe 1612 Clea	\$5.00 May Be Added to Fees DDITIONS/CHANG ert Freedin 2 Farrier arwater, F	GES TO OFFICE man Trail FL 33765	lake chec ida Depai RS AND DI	RECTORS IN	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ED RABON, H 107 PARH SAFETY H CD MAGIDSO	OFFICERS AND DIR  CATHY S CSTREET HARBOR, FL 34695  DN, JOSHUA	9. Election Cau Trust Fund (  ECTORS	mpaign F Contributi  11. TITLE NAM. STRE CITY TITLE NAM.	inancing ion. [	ED Robe 1612 CD Stev	\$5.00 May Be Added to Fees  DDITIONS/CHANGERT Freeding Farrier arwater, Feeding Grant Freeding Farwater, Feeding Farwater, Feeding Fee	Flori GES TO OFFICEI man Trail FL 33765	lake chec ida Depai RS AND DI	RECTORS IN	tate I 10 \(\overline{\text{X}}\) Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ED RABON, H 107 PARH SAFETY H CD MAGIDSO 981 BAY H	OFFICERS AND DIR  CATHY S CSTREET HARBOR, FL 34695	9. Election Cau Trust Fund (  ECTORS	mpaign F Contributi 11. TITLE NAMI STRE CITY TITLE NAMI STRE	inancing ion. [	ED Robe 1612 CD Stev 2349	\$5.00 May Be Added to Fees DDITIONS/CHANG ert Freedin 2 Farrier arwater, F	Flori GES TO OFFICEI man Trail FL 33765 Le 19 N	lake chec ida Depai RS AND DI	RECTORS IN	tate I 10 \(\overline{\text{X}}\) Addition	
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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:

MALLA SAME AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR