

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90040 017 ****61.25

DOCUMENT # N24997	
1. Entity Name YOUNG PEOPLE IN DRAMATIC ARTS FOUNDATION, INC.	
Principal Place of Business 19025 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address PO BOX 1101 SANIBEL, FL 33957



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0050599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLEMING, VIRGINIA L 1036 WHISPERWOOD WAY SANIBEL, FL 33957		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, PAULA 1402 SANDERLING SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESTON, JACK 2387 SHEARWATER DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, VIRGINIA 1036 WHISPERWOOD WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, TRINKY 1401 MIDDLE GULF DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACK WESTON

2-6-04