2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N24997

1. Entity Name
YOUNG PEOPLE IN DRAMATIC ARTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
2200 PERIWINKLE WAY	PO BOX 1101
SANIBEL, FL 33957	SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP-   - CR2E037 (4/06)

4. FEI Number	Applied For
65-0050599	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, VIRGINIA L
1036 WHISPERWOOD WAY
SANIBEL, FL 33957

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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 _____ Business Mgr _____ 04/04/08

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASSELL, ART
STREET ADDRESS	2385 WULFERT ROAD
CITY-ST-ZIP	SANIBEL, FL 33957

TITLE	TD
NAME	GREEN, RICH
STREET ADDRESS	5302 LADYFINGER LAKE ROAD
CITY-ST-ZIP	SANIBEL, FL 33957

TITLE	D
NAME	FLEMING, VIRGINIA
STREET ADDRESS	1036 WHISPERWOOD WAY
CITY-ST-ZIP	SANIBEL, FL 33957

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. 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: _____ Business Mgr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #