2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# N40014

Entity Name: THE PERFORMING ARTS THEATRE OF THE HANDICAPPED, INC.

Current Principal Place of Business:

C/O ARTHUR BUTLER
607 S. INDIAN RIVER DR
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

C/O ARTHUR BUTLER
607 S. INDIAN RIVER DR
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0220210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, ARTHUR
509 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

Name and Address of New Registered Agent:

BUTLER, ARTHUR
607 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

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: ARTHUR BUTLER 07/08/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUTLER, ARTHUR,
Address: 509 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL

Title: D ( ) Delete
Name: HOLSINGER, ANNE,
Address: 517 SOUTH 2ND STREET
City-St-Zip: FORT PIERCE, FL

Title: D ( ) Delete
Name: FIELDS, SONNY,
Address: 807 APT.D,KING ORANGE DR
City-St-Zip: FORT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BUTLER, ARTHUR,
Address: 607 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL

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

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: ARTHUR BUTLER D 07/08/2004
Electronic Signature of Signing Officer or Director Date