

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40014

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ARTHUR BUTLER
503 S.W. PLEASANT TER.
FORT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

C/O ARTHUR BUTLER
502 S.W. PLEASANT TER.
FORT WHITE, FL 32038

New Mailing Address:

C/O ARTHUR BUTLER
503 S.W. PLEASANT TER.
FORT WHITE, FL 32038

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
502 S.W. PLEASANT TER.
FORT WHITE, FL 32038 US

Name and Address of New Registered Agent:

BUTLER, ARTHUR
503 S.W. PLEASANT TER.
FORT WHITE, FL 32038 US

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

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUTLER, ARTHUR
Address: 502 S.W. PLEASANT TER.
City-St-Zip: FT. WHITE, FL 32038

Title: D () Delete
Name: HOLSINGER, ANNE
Address: 503 S.W. PLEASANT TERR.
City-St-Zip: FT. WHITE, FL 32038

Title: D () Delete
Name: MCHOWLL, SONNY
Address: 123 SERENITY LANE.
City-St-Zip: GREENUP, KY 41144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUTLER, ARTHUR
Address: 503 S.W. PLEASANT TER.
City-St-Zip: FT. WHITE, FL 32038

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 exemption stated 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 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

PRE

04/27/2009

Electronic Signature of Signing Officer or Director

Date