

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40014

**FILED**  
**Sep 18, 2011**  
**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  
503 S.W. PLEASANT TER.  
FORT WHITE, FL 32038

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: JOHN GARRISON  
Address: 7120 CAPULIN CREST DRIVE  
City-St-Zip: APEX, NC 27539

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR BUTLER

PRE

09/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date