NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000185 1. Corporation Name

THE CONSERVATORY OF PERFORMING ARTS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

127 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114

127 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114

FILED May 10, 1999 8:00 am secretary of State

05-10-1999 90264 020 ****70.00



3. Date incorporated or Qualifed

01/14/1997

21		1201					_	- 1 - 7					
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.					4. FEI Number			L		ied For
22	· ·	27						59 -3415536					Applicable
City & Stat	e	City & State						5. Certifcate of Status	Desired	×		5 Ad e Req	ditional uired
Zip	Country Zip				Country			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
24	25	29		30			Ц,	10. Name and Addres		Poglatorod		Jed (O	F662
	9. Name and Address of Current	Registered A	gent		81	Name		v. Name and Addres	S OI NOW I	veðisteian	Agent		
					0	Name				_			
ENDSLEY, ANITA ANDERSON 127 WEST INTERNATIONAL SPEEDWAY BLVD.						Street Address (P.O. Box Number is Not Acceptable)							
						20							
DAYTONA	BEACH FL 32114				83								
					84	City					85	Zip Co	ode
										FL_	بلند		
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	riorida. Suct ons of, Section	n 617.0503, Flor	ida Stat	utes.	ine corporation	on s	poard of directors. The	ereby acce	pt the appoi	ntment a	s regi	stered
12.	Signature, typed or printed name of registered agent a			13.	Agent	signature require	an with	ADDITIONS/CHANG	ES TO OF		D DIRE	CTOR	S IN 12
	OFFICERS AND DIRECTORS DELETE			_	1.1 TITLE						☐ Cha		Addition
TITLE	ASTD			1.2 N							_	-	
NAME	ALLEN, BELINDA			1									
STREET ADDRESS	•=• ••• •• • • • • • • • • • • • • • •	NAY BLVD.				ADDRESS							
CITY-ST-ZIP	DAYTONA BEACH FL 32114		OF FTE		TY-ST	-ZIP					Cha	nne	Addition
TITLE	DPS		DELETE	2.1 TI								.,90	
NAME	CLARKE, JENNIFER			2.2 N		į							
STREET ADDRESS	826 N. PENINSULA DR.			2.3 \$	REET	ADDRESS							
CITY-ST-ZIP	DAYTONA BEACH FL 32118				ITY-S	T-ZIP					□ Cha	nae	Addition
TITLE	CD		☐ DELETE	3.1 ∏							Пон	iiyo	L. Addition
NAME	ENDSLEY, ANITA ANDERSON			3.2 N	AME								
STREET ADDRESS		y blvd		3.3 S	REET	ADDRESS							
CITY-ST-ZIP_	DAYTONA BEACH FL 32114			_	ITY-SI	T-ZIP							
TITLE	1		☐ DELETE	4.1 TI	TLE						☐ Cha	nge	☐ Addition
NAME	<u> </u>			4.2 N	AME								
STREET ADDRESS				4.3 S	TREET	ADDRESS							
CITY-ST-ZIP				4.4 C	TY-ST	-ZIP							
TITLE			☐ DELETE	5.1 TI							Cha	inge	Addition
NAME				5.2 N	_	-							
STREET ADDRESS				5.3 \$	REET	ADDRESS							
CITY-ST-ZIP				_	TY-ST	-ZIP							
TITLE			☐ DELETE	6.1 Ti	TLE						☐ Cha	inge	Addition
NAME				6.2 N	AME								
STREET ADDRESS				6.3 \$	REET	ADORESS							
CITY-ST-ZIP				6.4 C	ITY-ST	r-zip							
14 (barabu	portify that the information symplical with	thic filing do	ne not qualify for	the eve	mnti	on stated in S	Sac	tion 119 07(3)(i) Florid:	Statutes	I further cer	tify that	the int	ormation

indicated on this annual report or supplied with an address, in the exemption stated in Section 13.07(3)(f), Florida Statutes. Interior certify that the mid-indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: