

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006056**

**1. Entity Name**  
**SOUTH FLORIDA PERFORMING ARTS FOUNDATION,  
INC.**



**Principal Place of Business**  
**1307 SE 14TH AVE**  
**DEERFIELD BEACH, FL 33441**

**Mailing Address**  
**1307 SE 14TH AVE**  
**DEERFIELD BEACH, FL 33441**



03312005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0870727**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HCRM CORP.**  
**2200 CORPORATE BLVD NW, STE 401**  
**BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinitializing)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

U000000294760  
04/08/05-80083-003 61.25

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**EDD**  
**MATHIE, JANET**  
**1307 SE 14TH AVE**  
**DEERFIELD BEACH, FL 33441**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**BARSKIS, KATHLEEN**  
**128 SE 11TH CT**  
**DEERFIELD BEACH, FL 33441**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**SD**  
**BARSKIS, KATHLEEN**  
**128 SE 11TH CT**  
**DEERFIELD BEACH, FL 33441**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**ENYART, GENE**  
**1 ST. CLOUD LANE**  
**BOCA RATON, FL 33431**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CD**  
**ZUCKERMAN, MARVIN**  
**11439 BOCA WOODS LANE**  
**BOCA RATON, FL 33428**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VP**  
**CHESAL, LENNY**  
**1550 SE 14TH CT**  
**DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Janet Mathie* **Janet Mathie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-2-05* **4-2-05** *954-427-0672* **954-427-0672**

Date

Daytime Phone #