

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000010

FILED
Jun 28, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA PERFORMING ARTS ALLIANCE, INC.

Current Principal Place of Business:

398 W. AMELIA AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

398 W. AMELIA AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3499659 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRIS, JAMES C
398 W AMELIA ST
ORLANDO, FL 32801 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: SD () Delete
Name: STOLL, CID
Address: 4617 CASON COVE DR. #927
City-St-Zip: ORLANDO, FL 32811

Title: PD () Delete
Name: ERCOLE, ERIC
Address: 1820 WEBER ST.
City-St-Zip: ORLANDO, FL 32803

Title: TD () Delete
Name: DAVIES, CHERYL
Address: 938 COOL SPRINGS CIRCLE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: TERENCE, ROBERT
Address: 1917 BOOTHE CIR STE. 171
City-St-Zip: LONGWOOD, FL 32750

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: CHERYL DAVIES

TD

06/28/2005

Electronic Signature of Signing Officer or Director

Date