

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000010

FILED  
Jan 24, 2006  
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:**

398 W. AMELIA STREET  
ORLANDO, FL 32801

**FEI Number:** 59-3499659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: TERENCE, ROBERT  
Address: 1917 BOOTH CIR STE. 171  
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: TD (X) Change ( ) Addition  
Name: DRONEY, CHRISTINE  
Address: 3997 KIAWA DRIVE  
City-St-Zip: ORLANDO, FL 32837

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 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: CHERYL DAVIES

SD

01/24/2006

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

\_\_\_\_\_  
Date