

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90008 014 \*\*\*\*61.25

**DOCUMENT # N99000003214**

1. Entity Name  
**COMMUNITY PERFORMING ARTS CENTER, INC.**



Principal Place of Business  
**4433 BOUGAINVILLE DRIVE  
LAUDERDALE-BY-THE-SEA, FL 33308**

Mailing Address  
**4430 SEA GRAPE DRIVE  
LAUDERDALE-BY-THE-SEA, FL 33308**

2. Principal Place of Business  
**4430 SEA GRAPE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.



02242006 Chg-NP CR2E037 (11/05)

City & State  
**LAUDERDALE-BY-THE-SEA**  
Zip  
**33308**  
Country  
**USA**

City & State  
**SAME**  
Zip  
**SAME**  
Country  
**SAME**

4. FEI Number  
**65-1050598**  
Applied For  
☐ Not Applicable

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

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

**SMITH, J A  
132 S CYPRESS ROAD  
526  
POMPAÑO BEACH, FL 33060**

**7. Name and Address of New Registered Agent**

Name  
**Vincent Ragusa**  
Street Address (P.O. Box Number is Not Acceptable)  
**4430 Sea Grape Dr.**  
City  
**Lauderdale by the Sea FL** Zip Code  
**33308**

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 *Vincent Ragusa 3-1-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TR	<input type="checkbox"/> Delete
NAME	RAGUSA, CONSTANCE I	
STREET ADDRESS	4430 SEAGRAPE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, BARBARA	
STREET ADDRESS	2707 NE 14TH ST #405	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGUSA, VINCENT	
STREET ADDRESS	4430 SEA GRAPE DR.	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	SMITH, J. AUBER	
STREET ADDRESS	440 S.E. 4TH CT.	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEESEY, CINDY	
STREET ADDRESS	256 IMPERIAL LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, MARIE	
STREET ADDRESS	234 HIBISCUS AVE #374	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *J. Auber Smith Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/2006 954-709-1280*  
Date Daytime Phone #