

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065845

FILED
Mar 27, 2009
Secretary of State

Entity Name: COMMUNITY FOR PERFORMING ARTS INC

Current Principal Place of Business:

6832 W LISERON
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

PO BOX 831
WESTFORD, MA 01886

New Mailing Address:

FEI Number: 41-2175039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGENSTERN, SEYMOUR
6832 W LISERON
BOYNTON BEACH, FL 33437 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGENSTERN, SEYMOUR
Address: 6832 W LISERON
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: MORGENSTERN, FLORENCE
Address: 6832 W. LISERON
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST () Delete
Name: MORGENSTERN, JEFFREY
Address: 7 KINGS PINE RD
City-St-Zip: WESTFORD, MA 01886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBY FOSTER

AA

03/27/2009

Electronic Signature of Signing Officer or Director

Date