

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065845

**FILED**  
**Jan 19, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY MORGENSTERN

ST

01/19/2011

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

\_\_\_\_\_  
Date