

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008246

Entity Name: DR. PHILLIPS CENTER FOR THE PERFORMING ARTS, INC.

Current Principal Place of Business:

455 SOUTH ORANGE AVENUE
SUITE 700
ORLANDO, FL 32801

Current Mailing Address:

455 SOUTH ORANGE AVENUE
SUITE 700
ORLANDO, FL 32801

FEI Number: 20-0695917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUGH, JAMES HJR
359 CAROLINA AVENUE
WINTER PARK, FL 32789 US

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

Officer/Director Detail :

Title DC
Name PUGH, JAMES HJR
Address 359 CAROLINA AVENUE
City-State-Zip: WINTER PARK FL 32789

Title D,S
Name BORNSTEIN, RITA
Address 1110 W. IVANHOE BLVD., APT. 4
City-State-Zip: ORLANDO FL 32804

Title D, T
Name TIMBERLAKE, EDMUND CJR.
Address 700 WEST MORSE BLVD., SUITE 100
City-State-Zip: WINTER PARK FL 32789

Title D,P
Name KATHERINE, RAMSBERGER
Address 455 SOUTH ORANGE AVENUE, SUITE 700
City-State-Zip: ORLANDO FL 32801

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

SIGNATURE: KATHERINE RAMSBERGER

DP

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date