

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005250

**Entity Name:** WEST PALM BEACH ARTS AND ENTERTAINMENT DISTRICT, INC.

**FILED**  
**Feb 06, 2023**  
**Secretary of State**  
**0594584544CC**

**Current Principal Place of Business:**

300 CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

300 CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 US

**FEI Number: 38-4040427**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOHMAN, R. MAX  
500 S. AUSTRALIAN AVENUE  
SUITES 539-540  
WEST PALM BEACH, FL 33401 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 DIRECTOR  
Name SHABAZZ, UPENDO  
Address 301 CLEMATIS STREET  
#3000  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name CLEMENTE, RAPHAEL  
Address 300 CLEMATIS STREET, SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title CHAIRMAN  
Name ARPAIA MAY, TONI  
Address 13129 MEADOWBREEZE DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name WAGNER, LARA  
Address 300 CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VC  
Name YUNGK, ANGELA  
Address 11479 51ST COURT NORTH  
City-State-Zip: WEST PALM BEACH FL 33411

Title SECRETARY  
Name JAMES, TENEKA  
Address 300 CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name PERDIGON, BRITTANY  
Address 700 S. ROSEMARY AVE.  
#204  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name DILLARD, GREGORY  
Address 300 CLEMATIS STREET  
#200  
City-State-Zip: WEST PALM BEACH FL 33401

**Continues on page 2**

*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: TENEKA JAMES-FEAMAN**

**SECRETARY**

**02/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BRATTER, SAMANTHA  
Address        224 DATURA STREET  
                #305  
City-State-Zip: WEST PALM BEACH FL 33401