2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40014

Entity Name: THE PERFORMING ARTS THEATRE OF THE HANDICAPPED,

INC.

FILED
Mar 12, 2021
Secretary of State
9945369274CR

Current Principal Place of Business:

C/O ARTHUR BUTLER 5242 ROGERS AVE PORT ORANGE, FL 32127

Current Mailing Address:

C/O ARTHUR BUTLER 5242 ROGERS AVE PORT ORANGE, FL 32127 US

FEI Number: 65-0220210 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTLER, ARTHUR C/O ARTHUR BUTLER 5242 ROGERS AVE PORT ORANGE, FL 32127 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: ARTHUR BUTLER 03/12/2021

Electronic Signature of Registered Agent Date

City-State-Zip:

PORT ORANGE FL 32127

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name BUTLER, ARTHUR I Name HOLSINGER, ANNE

Address C/O ARTHUR BUTLER Address C/O ARTHUR BUTLER

5242 ROGERS AVE 5242 ROGERS AVE

City-State-Zip: PORT ORANGE FL 32127 City-State-Zip: PORT ORANGE FL 32127

Title COO Title D

Name MYHERS, SONNY Name MCHOWELL, SPENCER T

Address C/O ARTHUR BUTLER Address C/O ARTHUR BUTLER

5242 ROGERS AVE 5242 ROGERS AVE

Title SECRETARY
Name MASON, KINDRA

City-State-Zip:

Address 2070 GARDEN SPRINGS DR.

PORT ORANGE FL 32127

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City-State-Zip: LEXINGTON KY 40504

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.

Electronic Signature of Signing Officer/Director Detail