

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000099079

**Entity Name:** PERFORMING ARTS CENTER OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

2028 NORTH POINT BLVD.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2028 NORTH POINT BLVD.  
TALLAHASSEE, FL 32308 US

**FEI Number:** 59-3467352

**Certificate of Status Desired:** No

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

LOWE, AMANDA S  
2800 MORNINGSIDE DRIVE  
TALLAHASSEE, FL 32301 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	D	Title	VP
Name	LOWE, AMANDA S	Name	LOWE, BRYAN D VP
Address	2028 NORTH POINT BOULEVARD	Address	2028 NORTH POINT BOULEVARD
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308

*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:** AMANDA S. LOWE

**PRESIDENT**

**05/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date