# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2011**
**Secretary of State**

DOCUMENT# 730568

**Entity Name:** KALEIDOSCOPE THEATRE, INCORPORATED

**Current Principal Place of Business:**

207 E. 24TH ST.
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 526
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number: 51-0192637** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WILSON, SANDRA
3002 WEST 21ST COURT
PANAMA CITY, FL 32405 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: PD
Name: MONACHELLI, BARBARA
Address: 2900 GALLAGHER DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VP
Name: BLANKS, JASON
Address: 2084 SHERMAN AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S
Name: PRITCHETT, KEVIN
Address: 3950 ARBOR TRACE APT F
City-St-Zip: LYNN HAVEN, FL 32444

Title: T
Name: WILSON, SANDRA D
Address: 3002 W. 21ST COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: HAWK, LINDA
Address: 4502 VISTA LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: HERTZOG, BARRY
Address: 3523 37TH PLAZA UNIT 2
City-St-Zip: PANAMA CITY, FL 32404

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: SANDRA D WILSON T 01/09/2011

Electronic Signature of Signing Officer or Director Date