

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756878

FILED
Jan 13, 2012
Secretary of State

Entity Name: RED BARN ACTORS' STUDIO, INC.

Current Principal Place of Business:

319 DUVAL STREET REAR
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

BOX 707
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 59-2214641 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCDONALD, MARILYN M
3625 FLAGLER
KEY WEST, FL 33040 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: VD
Name: GRAHL, MICHELE
Address: 226 GOLF CLUB DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: PEACE, KATHLEEN
Address: 145 GOLDFCLUB RD
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: MCDONALD, MARILYN
Address: 3625 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040 US

Title: PD
Name: WORKS, KIM
Address: 820 LOGGERHEAD LANE
City-St-Zip: SUGARLOAF SHORES, FL 33040 US

Title: D
Name: HAWKINS, JOY
Address: 1328 SEMINARY ST
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: MCDONALD, GARY
Address: 3625 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

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: MCDONALD, MARILYN

SD

01/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date