

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000483

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** POWER AND LIGHT PRODUCTIONS OF WAUCHULA, INC.

**Current Principal Place of Business:**

3365 US 17 SOUTH  
BOWLING GREEN, FL 33834

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 97  
WAUCHULA, FL 33873

**New Mailing Address:**

FEI Number: 59-3699077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRAHAM, MICHAEL R  
3365 US 17 SOUTH  
BOWLING GREEN, FL 33834      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: D  
Name: VASQUEZ, TINO  
Address: P.O BOX 378  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: TD  
Name: BAKER, SUE M  
Address: P.O BOX 611  
City-St-Zip: WAUCHULA, FL 33873

Title: PD  
Name: GRAHAM, MICHAEL R  
Address: P.O BOX 97  
City-St-Zip: WAUCHULA, FL 33873

Title: VPD  
Name: BONE, JOHN NEAL  
Address: P.O. BOX 1161  
City-St-Zip: WAUCHULA, FL 33873

Title: SD  
Name: CALDER, KATHY M  
Address: 5969 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D  
Name: GRAHAM, DIANNE  
Address: P O BOX 97  
City-St-Zip: WAUCHULA, FL 33873

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: MICHAEL R GRAHAM

PD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date