2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# N94000000753

Entity Name: LIMELIGHT THEATER, INC.

Current Principal Place of Business:

11 OLD MISSION AVENUE
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1196
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 65-0471729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAHNER, JEAN A
67 LIGHTHOUSE AVENUE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

KRAFT, ANNE A
968 ARAGON AVENUE
ST. AUGUSTINE, FL 32086 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: ANNE A. KRAFT 01/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCGUIRE, PAUL F
Address: 185 INLET DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: MCGUIRE, JULIE
Address: 185 INLET DR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: ANDERSEN, JAMES
Address: 134 HERON'S NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: ESTES, LUBA
Address: 408 PLAYERS COURT
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: FARRELL, L. WAYNE
Address: 221 MARSHSIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: ALGER, ALICE
Address: 115 LANCASTER PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KRAUSZ, JEANNE L
Address: 16 MAY STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: STONE, ELLIOT
Address: POST OFFICE BOX 9011
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EMMA LEE CARPENTER GM 01/07/2005
Electronic Signature of Signing Officer or Director Date