## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # N94000000753 03-06-2006 90021 035 \*\*\*\*61.25 LIMELIGHT THEATER, INC. Principal Place of Business Mailing Address 1 OLD MISSION AVENUE PO BOX 1196 ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4 FEI Number 65-0471729 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Emma Lee Carpenter KRAFT, ANNE A Street Address (P.O. Box Number is Not Acceptable) 968 ARAGON AVENUE 604 Augusta Circle ST. AUGUSTINE FL 32086 Zip Code Augustine 32086 8. 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. I am familiar with, and accept the obligations of registered agent-SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change PD TITLE TITLE ■ Addition Defete PD KRAUSZ, JEANNE L NAME NAME McGuire, Paul. 16 MAY STREET STREET ADDRESS STREET ADDRESS 185 Inlet Drive ST. AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP Augustine, FL 32080 Change TITLE ☐ Delete TITLE ☐ Addition MCGUIRE, JULIE NAME NAME 185 INLET DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32080 CITY-ST-ZIP TITLE ☐ Defete TITLE D Change Addition ANDERSEN, JAMES NAME NAME Elena Tovey 134 HERON'S NEST LANE STREET ADDRESS STREET ADDRESS 3313 Woodbury Court CITY-ST-ZIP ST. AUGUSTINE FL 32080 CITY-ST-ZIP St. Augustine, FL 32086 TITLE ☐ Change ☐ Delete TITLE ☐ Addition ESTES, LUBA NAME STREET ADDRESS **408 PLAYERS COURT** STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32080 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition STONE, ELLIOT NAME NAME POST OFFICE BOX 9011 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32085 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition ALGER, ALICE NAME 115 LANCASTER PLACE STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32080 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all officer in the empowered.

SIGNATURE. Paul F. McGuire

2-13-06

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FILED