

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003232

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: A CLASSIC THEATRE, INC

**Current Principal Place of Business:**

67 LIGHTHOUSE AVENUE  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

67 LIGHTHOUSE AVENUE  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 56-2666987      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 32080      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: P      ( ) Delete  
Name: RAHNER, JEAN A  
Address: 67 LIGHTHOUSE AVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP      ( ) Delete  
Name: LOVELL, DEE  
Address: 771C-A1A BEACH BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: ST      ( ) Delete  
Name: WIEGAND, ANNE  
Address: 1717 KESWICK ROAD  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNE WIEGAND

ST

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date