2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756878

Entity Name: RED BARN ACTORS' STUDIO, INC.

Current Principal Place of Business:

319 DUVAL STREET REAR KEY WEST, FL 33040

Current Mailing Address:

BOX 707

KEY WEST, FL 33041

FEI Number: 59-2214641 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONALD, MARILYN M 3625 FLAGLER KEY WEST, FL 33040 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:

City-State-Zip:

City-State-Zip:

KEY WEST FL 33041

Electronic Signature of Registered Agent

Date

FILED Jan 22, 2017

Secretary of State

CC7810746481

Officer/Director Detail:

Title VD Title TD

NameGRAHL, MICHELENameVAN GILDER, LISAAddress226 GOLF CLUB DRIVEAddress503 NOAH LA.

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title CEO Title DIRECTOR

Name MCDONALD , MARILYN M Name WORKS, KIM

Address 3625 FLAGLER AVE Address 820 LOGGERHEAD LANE

3625 FLAGLER AVE City-State-Zip: SUGARLOAF SHORES FL 33040 KEY WEST FL 33040

Title DIRECTOR

Title D.

 Name
 Name
 MCDONALD, GARY

 Name
 HAWKINS, JOY
 Address
 3625 FLAGLER AVE

 Address
 1328 SEMINARY ST
 City-State-Zip:
 KEY WEST FL 33040

City-State-Zip: KEY WEST FL 33040

 Title
 SECRETARY
 Name
 WILSON , BOB

 Name
 TANNA, JONES
 A 11 TANNA DESTRUCTION OF THE PROPERTY OF

Address BOX 707

Address BOX 707 City-State-Zip: KEY WEST FL 33041

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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: MARILYN MCDONALD CEO 01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BOWERSOX, BOB BOB BOWERSOX Name JANE, GARDNER

Address BOX 707 Address BOX 707

City-State-Zip: KEY WEST FL 33041 City-State-Zip: KEY WEST FL 33041