

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006147

**Entity Name:** MASTERPIECE THEATRE OF THE ARTS INC.

**Current Principal Place of Business:**

239 SW LANCELOT GLEN  
LAKE CITY, FL 32024

**Current Mailing Address:**

239 SW LANCELOT GLEN  
LAKE CITY, FL 32024

**FEI Number:** 80-0828268

**Certificate of Status Desired:** No

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

HOLLINGSWORTH, TARA L  
239 SW LANCELOT GLEN  
LAKE CITY, FL 32024 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HOLLINGSWORTH, TARA L  
Address 239 SW LANCELOT GLEN  
City-State-Zip: LAKE CITY FL 32024

Title D  
Name WILLIAMS, DONALD E  
Address 541 SW AIRPARK GLEN  
City-State-Zip: LAKE CITY FL 32025

Title D  
Name BAKER, TONYA W  
Address 17920 NW 177TH AVE.  
City-State-Zip: ALACHUA FL 32615

*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:** TARA HOLLINGSWORTH

**PRESIDENT**

**04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date