

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708965

FILED
Jan 25, 2009
Secretary of State

Entity Name: FRANCIS WILSON PLAYHOUSE, INC

Current Principal Place of Business:

302 SEMINOLE STREET
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

302 SEMINOLE STREET
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-1108802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, GRAHAM
302 SEMINOLE STREET
CLEARWATER, FL 33755 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: D () Delete
Name: BARRS, BOWEN
Address: 1717 LUCAS DR
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: MCBRIDE, CORY
Address: 458 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD () Delete
Name: ALHEARN, DEBORAH
Address: 3000 SAINT CROIX DR
City-St-Zip: CLEARWATER, FL 33759

Title: PD () Delete
Name: JONES, GRAHAM
Address: 2463 JOHNNA CT
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: CAMBURN, DAVID
Address: 2265 SPRING FLOWER DR
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: FLOWERS, MICHAEL
Address: 4052 DAVENTRY LANE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOELZ, KATHLEEN
Address: 1428 NOELL BLVD
City-St-Zip: PALM HARBOR, FL 34683

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

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Name:
Address:
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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: BABS BAILEY

D

01/25/2009

Electronic Signature of Signing Officer or Director

Date