2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# 717299

Entity Name: ORANGE PARK COMMUNITY THEATRE, INC.

Current Principal Place of Business:

2900 MOODY ROAD
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 391
ORANGE PARK, FL 320670391

New Mailing Address:

FEI Number: 23-7115505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, DAVID
4743 CUMBERLAND COVE
JACKSONVILLE, FL 32257 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:	PD	( ) Delete
Name:	MESNICK, STAN	
Address:	5540 KILLARY CT	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	VP	( ) Delete
Name:	WELLS, BARBARA	
Address:	4743 CUMBERLAND COVE CT.	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	TD	( ) Delete
Name:	WELLS, DAVID	
Address:	4743 CHAMBERLAND COVE CT	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	SD	( ) Delete
Name:	MANNING, REGINA	
Address:	3598 MATEO PLACE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	VD	( ) Delete
Name:	SMITH, KWRWL	
Address:	2510 COSMOS AVE	
City-St-Zip:	MIDDLEBURG, FL 32068	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	ADKISON, RANDALL	
Address:	3429 CATAMARAN WAY	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	VD	(X) Change ( ) Addition
Name:	SENKOWSKI, CONNIE	
Address:	2715 LEXINGTON DRIVE	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	SMITH, KARLA	
Address:	4120 SAUNDERS DR.	
City-St-Zip:	MIDDLEBURG, FL 32068	

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: DAVID. B. WELLS TD 01/11/2009

Electronic Signature of Signing Officer or Director — Date