

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730664

FILED  
Jan 24, 2006  
Secretary of State

**Entity Name:** STAGE CRAFTERS COMMUNITY THEATRE, INC.

**Current Principal Place of Business:**

40 ROBINWOOD DR  
FORT WALTON BCH, FL 32549 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1749  
FORT WALTON BCH, FL 32549 US

**New Mailing Address:**

**FEI Number:** 23-7432287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUDKINS, JANE  
2633 BLACK GUM RD  
NAVARRE, FL 32566 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: JUDKINS, JANE  
Address: 2623 BLACK GUM RD  
City-St-Zip: NAVARRE, FL 32566

Title: VD ( ) Delete  
Name: HOOD, DON  
Address: 8439 NAVARRE PKWY  
City-St-Zip: NAVARRE, FL 32566

Title: SD ( ) Delete  
Name: CROSS, DEBBIE  
Address: 904 ALOMA FAYE LANE  
City-St-Zip: FT. WALTON BEACH,, FL 32547

Title: TD ( ) Delete  
Name: RAYMOND, MARY ANN  
Address: 36 TEMPLE AVE.  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: VD (X) Change ( ) Addition  
Name: KURZ, ANITA  
Address: 821 WEEDEN ISLAND DR.  
City-St-Zip: NICEVILLE,, FL 32578

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, SHARON  
Address: 716 ST. CROIX DR.  
City-St-Zip: NICEVILLE, FL 32578

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 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: MARY ANN RAYMOND

TD

01/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date