

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730664

FILED
Jan 22, 2009
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:

STARKEY, JEAN
4229 MARYSA DR
NICEVILLE, FL 32578 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: JEAN STARKEY

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CHANCELOR, DAVID
Address: 964 CLAEVEN CIR
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: PD () Delete
Name: MURPHY, MARK
Address: 40 ROBINWOOD DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: MILONAS, KAY
Address: 496 PARISH BLVD
City-St-Zip: MARY ESTHER, FL 32569

Title: TD () Delete
Name: STARKEY, JEAN
Address: 4229 MARYSA DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT-REYNOLDS, MIKE
Address: 901 JUDSON ST
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VP (X) Change () Addition
Name: KELLEY, EDWARD
Address: 861 MACK BAYOU RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD (X) Change () Addition
Name: WRIGHT-REYNOLDS, MARCIA
Address: 901 JUDSON ST
City-St-Zip: FT. WALTON BEACH, FL 32547

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: JEAN STARKEY

TD

01/22/2009

Electronic Signature of Signing Officer or Director

Date