

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753708

FILED
Jan 12, 2009
Secretary of State

Entity Name: ACROSSTOWN REPERTORY THEATRE WORKSHOP, INC.

Current Principal Place of Business:

619 SOUTH MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12254
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2737556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMAN, NORMA
1500 NW 36 WAY
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

STERN, CASEY
3800 SW 34TH ST APT DD302
GAINESVILLE, FL 32608 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: CASEY STERN

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNAN, VERA
Address: 1411 NW 49 TR
City-St-Zip: GAINESVILLE, FL 32605

Title: ST () Delete
Name: HOMAN, NORMA M
Address: 1500 NW 36 WAY
City-St-Zip: GAINESVILLE, FL

Title: CD () Delete
Name: STERN, CASEY
Address: 3800 SW 34TH ST APT DD302
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MACK, KEVIN
Address: 4408 E. UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: BIGGS, ESTHER
Address: 427 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: TERRELL, ANGELA
Address: 4508 E UNIVERSITY
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: NORMA M. HOMAN

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01/12/2009

Electronic Signature of Signing Officer or Director

Date