## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753708** 

FILED Feb 12, 2012 Secretary of State

Entity Name: ACROSSTOWN REPERTORY THEATRE WORKSHOP, INC.

Current Principal Place of Business: New Principal Place of Business:

619 SOUTH MAIN STREET GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

P.O. BOX 12254

GAINESVILLE, FL 32604 US

FEI Number: 59-2737556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LASLEY, CINDY
HIXON, JACQUELYN A
1057 SW 11 TERRACE
1430 NE 12TH TERR
CANNES WILL F. FL. 23004

GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 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: JACQUELYN HIXON 02/12/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: TERRELL, ANGELA
Address: 4508 E UNIVERSITY
City-St-Zip: GAINESVILLE, FL 32601

Title:

Name: HIXON, JACQUELYN
Address: 1430 NE 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32601

Title: D

 Name:
 GOLABUK, SAMARA

 Address:
 1302 20TH NE PLACE

 City-St-Zip:
 GAINESVILLE, FL 32609

Title: VPD

 Name:
 JONES, BOBBY

 Address:
 1302 NE 20TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32609

Title: F

 Name:
 LASLEY, CINDY

 Address:
 1057 SW 11 TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: JACQUELYN HIXON T 02/12/2012