

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755541

FILED
Jan 14, 2007
Secretary of State

Entity Name: STAGE WEST, INC.

Current Principal Place of Business:

STAGE WEST COMMUNITY PLAYHOUSE
8390 FOREST OAKS
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

POB 5201
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-2200175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEASON, ANDREA
13350 COOPER RD
SPRING HILL, FL 34609 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: SEC () Delete
Name: HESS, PAULETTE
Address: 12518 LINDEN DR
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: BUTTON, SHIRLEY
Address: 9167 COLMART
City-St-Zip: SPRING HILL, FL 34608

Title: T () Delete
Name: GLEASON, ANDREA
Address: 13350 COOPER RD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: MARWOOD, TERRI
Address: 13456 BANYAN ST.
City-St-Zip: SPRING HILL, FL 34609

Title: PRES () Delete
Name: BARBARA, EVEREST
Address: 1505 AMY CIRCLE
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: LASLEY, HARVEY
Address: 5130 SW 72 RD
City-St-Zip: BUSHNELL, FL 33513

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
Name:
Address:
City-St-Zip:

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

Title: VP (X) Change () Addition
Name: LASKEY, HARVEY
Address: 5130 SW 72 RD
City-St-Zip: BUSHNELL, FL 33513

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: ANDREA GLEASON

TR

01/14/2007

Electronic Signature of Signing Officer or Director

Date