2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758948

FILED Jan 11, 2005 Secretary of State

Entity Name: AMELIA COMMUNITY THEATER ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:	
209 CEDA P.O. BOX FERNANI			
Current Mailing Address:		New Mailing Address:	
209 CEDA P.O. BOX FERNANI			
FEI Number	: 59-2141019 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:	
MCCLANI 4674 GEN FERNANI	•		
	e named entity submits this statement for the purpos e of Florida.	se of changing its registered office or registered agent, or both	
SIGNATU			
	Electronic Signature of Registered Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () Delete ALTMAN, JENNIFER 228 SEA WOODS DRIVE FERNANDINA BEACH, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete BRITT, DAVID 1252 HARRISON POINT TRAIL FERNANDINA BCH., FL 32034	Title: P (X) Change () Addition Name: BRITT, DAVID Address: 1252 HARRISON POINT TRAIL City-St-Zip: FERNANDINA BCH., FL 32034	
Title:	T () Delete EAGEN, MARY 2102 TAURUS COURT FERNANDINA BEACH, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:	
Address:			
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete HORTON, CHARLES 1315 AUTUMN TRACE FERNANDINA BEACH, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:	
Address: City-St-Zip: Title: Name: Address:	HORTON, CHARLES 1315 AUTUMN TRACE	Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID BRITT PRES 01/11/2005