

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762978

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHOESTRING THEATRE, INC.

Current Principal Place of Business:

380 S GOODWIN ST.
LAKE HELEN, FL 327442803 US

New Principal Place of Business:

Current Mailing Address:

380 S. GOODWIN ST.
380 S. GOODWIN ST.
LAKE HELEN, FL 327442803 US

New Mailing Address:

FEI Number: 59-6004241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, RICHARD W.
701 N TUXEDO AVE.
DELAND, FL 32724 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: SD () Delete
Name: SNYDER, KATHY
Address: 912 VERCELLI STREET
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: STAFFORD, RON
Address: 339 ALEMANDER AVE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: FEDOR, DAVE
Address: 4510 AVDUBON AVE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: TD () Delete
Name: WEIKAL, CLIFF
Address: 1757 W BERESFORD AVE
City-St-Zip: DELAND, FL 32724

Title: VD () Delete
Name: YADANZA, RACHEL
Address: 4106 HERON LAKES DRIVE
City-St-Zip: SANFORD, FL 32771

Title: PPD () Delete
Name: DAYKIN, SALLY
Address: 1757 W. BERESFORD ABE
City-St-Zip: DELAND, FL 32720

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
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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: DONALD B. DEMPSEY, CPA

CPA

04/28/2009

Electronic Signature of Signing Officer or Director

Date