

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 13, 2007
Secretary of State

DOCUMENT# 768905

Entity Name: THE QUINCY MUSIC THEATRE, INC.**Current Principal Place of Business:**118 E. WASHINGTON ST.
QUINCY, FL 32351**New Principal Place of Business:****Current Mailing Address:**118 E. WASHINGTON ST.
QUINCY, FL 32351**New Mailing Address:**PO BOX 877
QUINCY, FL 32353**FEI Number:** 59-2296223**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOODSON, KEVIN S
118 E WASHINGTON ST
QUINCY, FL 32351 US**Name and Address of New Registered Agent:**MOCK, WILLIAM B JR
416 N. ELEVENTH ST
QUINCY, FL 32351 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: WILLIAM B. MOCK JR

12/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FISHBURN, KENAN
Address: 336 N. JACSON ST
City-St-Zip: QUINCY, FL 32351

Title: VP () Delete
Name: PEACOCK, JACK
Address: 603 FULTON RD #G-60
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: KUNKLER, KELLY
Address: 1109 FRANK SMITH RD
City-St-Zip: QUINCY, FL 32352

Title: T () Delete
Name: FAUBLE, TINA
Address: 305 E. KING ST
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: ROSE-MOCK, NAOMI
Address: 108 N. VIRGINIA ST
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: COGGIN, GERI
Address: 310 THARPE CIRCLE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FISHBURN, KENAN
Address: 336 N. JACKSON ST
City-St-Zip: QUINCY, FL 32351

Title: VP (X) Change () Addition
Name: PEACOCK, JACK
Address: 206 JACK DRIVE
City-St-Zip: QUINCY, FL 32351

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:

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: WILLIAM B. MOCK JR

RA

12/13/2007

Electronic Signature of Signing Officer or Director

Date