


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 770681</b><br>1. Entity Name<br>YOUNG ACTORS THEATRE OF TALLAHASSEE, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>609 GLENVIEW DRIVE<br>P.O. BOX 1553<br>TALLAHASSEE, FL 32303 US | Mailing Address<br>609 GLENVIEW DRIVE<br>P.O. BOX 1553<br>TALLAHASSEE, FL 32303 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-NP CR2E037 (4/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2339837  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

BREWTON, WILBUR E.  
SUITE 250 225 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILLIAMS, CRISTINA<br>916 BROOKWOOD AVENUE<br>TALLAHASSEE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DUGGAR, ELAINE<br>1888 OXBOTTOM RD<br>TALLAHASSEE, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>COLLINS, LINDA<br>1319 BETTON RD<br>TALLAHASSEE, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SNYDER, BOB<br>411 SHANTILLY TERRACE<br>TALLAHASSEE, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARROLL, RICK<br>2640 MITCHAM DRIVE<br>TALLAHASSEE, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/25/07-80035-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *AS Wilson* **4-12-07** **850 386 6622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #