

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# 770681

Entity Name: YOUNG ACTORS THEATRE OF TALLAHASSEE, INC.

Current Principal Place of Business:

609 GLENVIEW DRIVE
P.O. BOX 1553
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

609 GLENVIEW DRIVE
TALLAHASSEE, FL 32303 US

Current Mailing Address:

609 GLENVIEW DRIVE
P.O. BOX 1553
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2339837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREWTON, WILBUR E.
SUITE 250 225 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: WILLIAMS, CRISTINA
Address: 916 BROOKWOOD AVENUE
City-St-Zip: TALLAHASSEE, FL

Title: VD () Delete
Name: DUGGAR, ELAINE
Address: 1888 OXBOTTOM RD
City-St-Zip: TALLAHASSEE, FL

Title: SD () Delete
Name: COLLINS, LINDA
Address: 1319 BETTON RD
City-St-Zip: TALLAHASSEE, FL

Title: TD () Delete
Name: SNYDER, BOB
Address: 411 SHANTILLY TERRACE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: CARROLL, RICK
Address: 2640 MITCHAM DRIVE
City-St-Zip: TALLAHASSEE, FL

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:

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: CRISTINA WILLIAMS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date