2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002819

Entity Name: THE SARASOTA SENIOR THEATER, INC.

FILED Apr 05, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
325 SOME SARASOT	RSET AV A, FL 34243					
Current M	ailing Addres	ss:	New Mailing Address:			
PO BOX 17 SARASOT	7996 A, FL 34276					
FEI Number: 65-1010842 FEI Number Applied For ()			FEI Number Not App	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	RENE R LFSTREAM A' A, FL 34236	VE. UNIT 8-E US				
The above in the State		submits this statement for the pu	rpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Agen	t		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (GUNDRUM, NA 325 SOMERSE SARASOTA, FL	T AVENUE	Title: Name: Address: City-St-Zip:		(X) Change()Addition NDA PD ER RIDGE TRAIL ′ PARK, FL 34201	
Title: Name: Address: City-St-Zip:	TD (DAVIS, DICK 1 5715 RENZO L SARASOTA, FL	ANE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (HALL, FRANCE 526 NORTON S LONGBOAT KE	ST.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GLICKMAN, JC 3293 BROCKT SARASOTA, FL	ON LANE	Title: Name: Address: City-St-Zip:		(X) Change()Addition NITA D STREET EAST N, FL 34203	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D RIZZO, VILN 5115 CANTE SARASOTA,	ERBURY DR.	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	P PD GUNDRUM, 325 SOMER SARASOTA,		

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: NATALIE GUNDRUM PPD 04/05/2008