

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90084 041 ****61.25

DOCUMENT # N00000004745

1. Entity Name

STAGE AURORA THEATRICAL COMPANY, INC.



Principal Place of Business

3123 CLYDE DR.
% DARRYL R. HALL
JACKSONVILLE FL 32208

Mailing Address

P O BOX 28283
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3666871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUSTER, REGINALD ATTY
1200 RIVERPLACE BLVD
SUITE 310
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FP** ☐ Delete
NAME **HALL, DARRYL R**
STREET ADDRESS **3123 CLYDE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **TARANA HAGANS**
STREET ADDRESS **2033 HOLCROFT DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **D** ☐ Delete
NAME **HALL, DELORES L**
STREET ADDRESS **3123 CLYDE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HALL, EDWARD W**
STREET ADDRESS **3123 CLYDE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MORGAN, JOSEPH**
STREET ADDRESS **6543 EXTOR PIKE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCCULLOUGH, KEN**
STREET ADDRESS **11901 BEACH BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ROBINSON, JEANETTE**
STREET ADDRESS **8915 YEOMAN DR**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darryl R. Hall **DARRYL R. HALL**

Date

Daytime Phone #

4/25/04 904-765-7373