2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004745

1. Entity Name
STAGE AURORA THEATRICAL COMPANY, INC.

Principal Place of Business	Mailing Address
5164 -A NORWOOD AVENUE SUITE A JACKSONVILLE, FL 32208	P O BOX 28283 JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

01262007 No Chg-NP CR2E037 (4/06)

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

LUSTER, REGINALD ATTY
25 LIBERTY STREET
SUITE A
JACKSONVILLE, FL 32202

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	FP
NAME	HALL, DARRYL R
STREET ADDRESS	3123 CLYDE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	HALL, DOLORES L
STREET ADDRESS	3123 CLYDE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	HALL, EDWARD W
STREET ADDRESS	3123 CLYDE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	MORGAN, JOSEPH
STREET ADDRESS	6543 EXCOR PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	S
NAME	HAGANS, TARANA
STREET ADDRESS	2033 HOLCROFT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	KORYNSKI, PIOTR A
STREET ADDRESS	24-54 29TH STREET #2A
CITY-ST-ZIP	ASTORIA, NY 11102

U00000567361
03/27/07-80006-025 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 3/12/07 904 765-7372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #