

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000108

FILED
Apr 24, 2009
Secretary of State

Entity Name: LAKE REGION COMMUNITY THEATRE, INC.

Current Principal Place of Business:

218 SE WALNUT ST
STARKE, FL 32091

New Principal Place of Business:

218 SE WALNUT ST
STARKE, FL 32091 US

Current Mailing Address:

PO BOX 6155
STARKE, FL 32091

New Mailing Address:

PO BOX 6155
STARKE, FL 32091 US

FEI Number: 59-3689356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURTIS, TANYA A
502 S EPPERSON ST
STARKE, FL 32091 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: D () Delete
Name: CRAWFORD, PATRICIA D
Address: 6938 CRYSTAL LAKE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: MERRITT, KATHERYN A
Address: RT. 5 BOX 1002 (19664 STATE RD 16)
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: DINKINS, TAMARA B
Address: 628 NE 227TH STREET
City-St-Zip: LAWTEY, FL 32058

Title: T () Delete
Name: CURTIS, TANYA A T
Address: 502 S EPPERSON ST
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MERRITT, KATHERYN A D
Address: RTE 5 BOX 1002 (19664 STATE RD 16)
City-St-Zip: STARKE, FL 32091 US

Title: V (X) Change () Addition
Name: JOHN, DYAL V
Address: 14790 SW 75TH AVE
City-St-Zip: STARKE, FL 32091 US

Title: S (X) Change () Addition
Name: CURTIS, TANYA A S
Address: 502 S EPPERSON ST
City-St-Zip: STARKE, FL 32091 US

Title: T (X) Change () Addition
Name: SLATER, LYNN T
Address: 204 S LAKEWOOD DR
City-St-Zip: STARKE, FL 32091 US

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: LYNN SLATER

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date