

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000575

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE THEATRE COMPANY OF PALM BAY INC.

Current Principal Place of Business:

1280 US HIGHWAY 1
MALABAR, FL 32950 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100414
PALM BAY, FL 329100414 US

New Mailing Address:

FEI Number: 59-3678615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEPHEN F
4151 ROSEWOOD AVENUE
MALABAR, FL 329504341 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: FRANK, WOLKING
Address: 612 EAST LINCOLN AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

Title: VD () Delete
Name: THORNTON, MAX C JR
Address: 5666 CYPRESS CREEK DRIVE
City-St-Zip: GRANT, FL 32949 US

Title: PD () Delete
Name: SMITH, STEVE
Address: 4151 ROSEWOOD AVENUE
City-St-Zip: MALABAR, FL 32950 US

Title: SD () Delete
Name: GREENE, MARY
Address: 1701 ARDMORE STREET NE
City-St-Zip: PALM BAY, FL 329072436 US

Title: D () Delete
Name: SAILORS-MILUCKY, LEEANNE
Address: 490 VIN ROSE CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

Title: TD (X) Delete
Name: BRIDGES, LUCY
Address: 737 TARR AVENUE SW
City-St-Zip: PALM BAY, FL 32908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: FRANK, WOLKING
Address: 612 EAST LINCOLN AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BRIDGES, LUCY
Address: 737 TARR AVENUE SW
City-St-Zip: PALM BAY, FL 32908

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: STEVE SMITH

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date