

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 042 ****61.25

DOCUMENT # N05000010465

1. Entity Name
NORTH PORT HIGH SCHOOL THEATRE GUILD INC



Principal Place of Business
**6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286**

Mailing Address
**6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06052008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0560640

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

**SUTTER, DONNA
6400 WEST PRICE BLVD.
THEATRE DEPARTMENT
NORTH PORT, FL 34286**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
WEST, ROBIN
1246 AMNESTY DR.
NORTH PORT, FL 34286** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
DECARLO, NANCY
4261 CUTHBERT AVE
NORTH PORT, FL 34286** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Gary Emery
1515 Yakuta Rd
North Port FL 34287** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SUTTER, DONNA
4400 MADDOCK CIRCLE
NORTH PORT, FL 34286** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Natalie Lima
2347 Chartwell Ave
North Port, FL 34288** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

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

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.

Donna Sutter Donna Sutter Treasurer 6/4/08