2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# N06000000066

Entity Name: OCSA THEATRE PRODUCTIONS, INC.

Current Principal Place of Business:

OSCEOLA COUNTY SCHOOL FOR THE ARTS
3151 N ORANGE BLOSSOM TR
KISSIMMEE, FL 347441137

New Principal Place of Business:

Current Mailing Address:

OSCEOLA COUNTY SCHOOL FOR THE ARTS
3151 N ORANGE BLOSSOM TR
KISSIMMEE, FL 347441137

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCMILLEN, LAVINIA N
207 E LIVINGSTON ST
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

VELAZQUEZ, MILADYS N
207 E LIVINGSTON ST
ORLANDO, FL 32801 US

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: MILADYS VELAZQUEZ 11/06/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STONEBRAKER, TERI
Address: 3151 N ORANGE BLOSSOM TR
City-St-Zip: KISSIMMEE, FL 347441137

Title: VD ( ) Delete
Name: GOERTZEN, TRACY
Address: 3151 N ORANGE BLOSSOM TR
City-St-Zip: KISSIMMEE, FL 347441137

Title: SD ( ) Delete
Name: PARSONS, DIANNA
Address: 3151 N ORANGE BLOSSOM TR
City-St-Zip: KISSIMMEE, FL 347441137

Title: TD ( ) Delete
Name: PAYNE, TERESA
Address: 3151 N ORANGE BLOSSOM TR
City-St-Zip: KISSIMMEE, FL 347441137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TERI STONEBRAKER PD 11/06/2007
Electronic Signature of Signing Officer or Director Date