

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002256

FILED
Mar 22, 2009
Secretary of State

Entity Name: SHOWCASE COMMUNITY THEATRE, INC,

Current Principal Place of Business:

8431 CORPORATE WAY
NEW PORT RICHEY, FL 34655 FL

New Principal Place of Business:

1411 GULF ROAD
TARPON SPRINGS, FL 34689 FL

Current Mailing Address:

1720 SWAMP ROSE LANE
TRINITY, FL 34655

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, BRAD J MR.
1720 SWAMP ROSE LANE
TRINITY, FL 34655 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: P () Delete
Name: BRADY, BRAD J
Address: 1720 SWAMP ROSE LANE
City-St-Zip: TRINITY, FL 34655

Title: VP () Delete
Name: PHILPOT, LAURIE
Address: 1621 SPINNING WHEEL DRIVE
City-St-Zip: LUTZ, FL 33559

Title: TRES () Delete
Name: PHILPOT, KEVIN
Address: 1621 SPINNING WHEEL DRIVE
City-St-Zip: LUTZ, FL 33559

Title: SEC () Delete
Name: BRADY, LISA K
Address: 1720 SWAMP ROSE LANE
City-St-Zip: TRINITY, FL 34655

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: BRAD BRADY

PRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date