

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004274

FILED
Mar 02, 2009
Secretary of State

Entity Name: GREATER ORLANDO ACTOR'S THEATRE, INC.

Current Principal Place of Business:

1054B EAST MICHIGAN STREET
ORLANDO, FL 32806

New Principal Place of Business:

6813 HYLAND OAKS DRIVE
ORLANDO, FL 32818

Current Mailing Address:

1054B EAST MICHIGAN STREET
ORLANDO, FL 32806

New Mailing Address:

6813 HYLAND OAKS DRIVE
ORLANDO, FL 32818

FEI Number: 87-0803342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORIE, ANDREW G
1920 NORTH ORANGE AVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

STRAUSS, DAVID S
6813 HYLAND OAKS DRIVE
ORLANDO, FL 32818 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: DAVID S. STRAUSS

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTANEDA, PAUL
Address: 5159 WELLINGTON PARK CIRCLE UNTI D36
City-St-Zip: ORLANDO, FL 32839

Title: VP () Delete
Name: SOTIS, RICHARD
Address: 720 HYDE PARK CIRCLE WEST
City-St-Zip: WINTER GARDEN, FL 34787

Title: AD () Delete
Name: ACKMAN, SHELDON
Address: 125 TRAFALGAR PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: HALSTEAD, LEESA
Address: 3458 GOLFVIEW BLVD
City-St-Zip: ORLANDO, FL 32804

Title: T (X) Delete
Name: STORIE, ANDREW
Address: 1054 B EAST MICHICAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: M (X) Delete
Name: BUCKNER, MIA
Address: 602 AVENIDA CUARTA
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTANEDA, PAUL
Address: 5159 WELLINGTON PARK CIRCLE D36
City-St-Zip: ORLANDO, FL 32839

Title: T (X) Change () Addition
Name: STRAUSS, DAVID S
Address: 6813 HYLAND OAKS DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: AD (X) Change () Addition
Name: READ, CHRISTIAN
Address: 435 E UNIVERSITY AVENUE
City-St-Zip: ORANGE CITY, FL 32763

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: DAVID S. STRAUSS

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date