

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2009  
Secretary of State**

DOCUMENT# N07000008292

Entity Name: THEATRE SAINT AUGUSTINE, INC.

**Current Principal Place of Business:**

26 BAYVIEW DRIVE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

26 BAYVIEW DRIVE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 26-0772582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADE, ANNA K  
26 BAYVIEW DRIVE  
ST. AUGUSTINE, FL 32084      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: MS.      ( ) Delete  
Name: MEADE, ANNA K  
Address: 26 BAYVIEW DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANNA K. MEADE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MS.

04/13/2009

\_\_\_\_\_  
Date