

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008497

FILED
Mar 22, 2009
Secretary of State

Entity Name: DOUGLAS ANDERSON SCHOOL OF THE ARTS THEATRE BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

Current Mailing Address:

2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGER, LEE
4605 PEACHTREE CIRCLE EAST
JACKSONVILLE, FL 32207 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: D () Delete
Name: KUHN, KIRK
Address: 3705 HILLIARD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: BEGER, LEE
Address: 4605 PEACHTREE CIR E
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: RILEY, BOBBI
Address: 12829 BIGGIN CHURCH RD S
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: GIBSON, KAREN
Address: 2254 ROYAL FERN LANE S
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: PARA, KATHY
Address: 2125 ERNEST STREET
City-St-Zip: JACKSONVILLE, FL 32204

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:

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: KATHY PARA

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date