

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2006  
Secretary of State**

DOCUMENT# N12627

Entity Name: THE HIPPODROME STATE THEATER FOUNDATION, INC.

**Current Principal Place of Business:**

25 SE 2 PLACE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

25 SE 2 PLACE  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

FEI Number: 59-1590987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CURRY, MICHAEL C TD  
25 SE 1 PLACE  
GAINESVILLE, FL 32601 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: PD ( ) Delete  
Name: HAUSCH, MARY PD  
Address: 546 NE 6 AVE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VD ( ) Delete  
Name: WALL, MARILYN VD  
Address: 516 NE 8TH AVE.  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TD ( ) Delete  
Name: CURRY, MICHAEL C TD  
Address: 25 SE 2 PLACE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: SD ( ) Delete  
Name: LASSETER, SHIRLEY SD  
Address: 25 SE 2ND PL  
City-St-Zip: GAINESVILLE, FL 32601 US

**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 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: MARY HAUSCH

PD

03/30/2006

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

\_\_\_\_\_  
Date