

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 021 ****61.25

DOCUMENT # N12671

1. Entity Name
SANDS THEATER CENTER, INC.



Principal Place of Business
**600 N WOODLAND BLVD.
DELAND, FL 32720**

Mailing Address
**600 N WOODLAND BLVD.
DELAND, FL 32720**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2707272

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AULT, JEFFREY D
1865 PRISTINE TRAIL
ORANGE CITY, FL 32763**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey D. Ault

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 22, 2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **PERRYMAN, MELANIE**
STREET ADDRESS **3333 MARSH RD**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **D** ☐ Delete
NAME **MEADOWS, GARY**
STREET ADDRESS **205 RIVER VILLAGE DR.**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D** ☐ Delete
NAME **SANDS, RENE**
STREET ADDRESS **2050 HONTOON RD**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **D** ☐ Delete
NAME **ARMSTRONG, JIM**
STREET ADDRESS **436 N. MARYDEL AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **DP** ☐ Delete
NAME **DUNN, DEBBIE**
STREET ADDRESS **510 W MINNESOTA AVE**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **DST** ☐ Delete
NAME **SCOVELL, WILLIAM H**
STREET ADDRESS **57 LYON DR**
CITY-ST-ZIP **DELAND, FL 32724**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

[Signature] **2/12/08**