2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N12671

Entity Name: SANDS THEATER CENTER, INC.

Current Principal Place of Business:

600 N WOODLAND BLVD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

600 N WOODLAND BLVD.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-2707272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DUNN, DEBORAH
510 W. MINNESOTA AVENUE
DELAND, FL 32720 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: DEBORAH DUNN 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: PERRYMAN, MELANIE
Address: 3333 MARSH RD
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: MEADOWS, GARY
Address: 205 RIVER VILLAGE DR.
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: SANDS, RENE
Address: 2050 HONTOON RD
City-St-Zip: DELAND, FL 32720

Title: D (X) Delete
Name: ARMSTRONG, JIM
Address: 436 N. MARYDEL AVE
City-St-Zip: DELAND, FL 32724

Title: DP (X) Delete
Name: DUNN, DEBBIE
Address: 510 W MINNESOTA AVE
City-St-Zip: DELAND, FL 32720

Title: DST (X) Delete
Name: SCOVELL, WILLIAM H
Address: 57 LYON DR
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: DUNN, DEBORAH
Address: 510 W. MINNESOTA AVENUE
City-St-Zip: DELAND, FL 32720

Title: DTS (X) Change ( ) Addition
Name: SCOVELL, WILLIAM H
Address: 57 LYON DRIVE
City-St-Zip: DELAND, FL 32724

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: DEBORAH DUNN DP 03/17/2009
Electronic Signature of Signing Officer or Director Date