

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 30, 2010
Secretary of State

DOCUMENT# N19813

Entity Name: FLORIDA STATE THESPIAN SOCIETY, INC.**Current Principal Place of Business:**DOUGLAS ANDERSON SCHOOL OF ARTS
2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207**New Principal Place of Business:**DEERFIELD BEACH HIGH SCHOOL
910 SW 15 STREET
DEERFIELD BEACH, FL 33441**Current Mailing Address:**DOUGLAS ANDERSON SCHOOL OF ARTS
2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207**New Mailing Address:**DEERFIELD BEACH HIGH SCHOOL
910 SW 15 STREET
DEERFIELD BEACH, FL 33441**FEI Number:** 59-2892076**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HIGGINS, MICHAEL J
8845 CHAMBORE DRIVE
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**TEMPEST, CLYDE L
9319 KETAY CIRCLE
BOCA RATON, FL 33428 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: CLYDE L. TEMPEST

07/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TEMPEST, CLYDE L
Address: 9313 KETAY CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: JONES, DON
Address: 29 TURNSTONE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D
Name: GUST, JONATHAN
Address: 100 COCO LANE
City-St-Zip: JUPITER, FL 33458

Title: D
Name: HIGGINS, MICHAEL J
Address: 8845 CHAMBORE DRIVE
City-St-Zip: JACKSONVILLE, FL 334456

Title: D
Name: WHITTACKER, CHRISTA
Address: 808 OVERBROOK DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D
Name: CARR, DIANE
Address: 5582 PENWAY COURT
City-St-Zip: CINCINNATI, OH 45239

I hereby 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 all other like empowered.

SIGNATURE: CLYDE L. TEMPEST

MR

07/30/2010

Electronic Signature of Signing Officer or Director

Date