

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19813

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA STATE THESPIAN SOCIETY, INC.

**Current Principal Place of Business:**

11311 BOYETTE ROAD  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11311 BOYETTE ROAD  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-2892076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWKINS, DARON  
11311 BOYETTE ROAD  
RIVERVIEW, FL 33569 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  
Name: HAWKINS, DARON  
Address: 11311 BOYETTE  
City-St-Zip: RIVERVIEW, FL 33569

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: MONTES, OMAR H  
Address: 1516 BLUETEAL DRIVE  
City-St-Zip: BRANDON, FL 33511

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: DARON HAWKINS

DIR

05/01/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date