2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30352

Apr 27, 2006 Secretary of State

Entity Name: ORLANDO-UCF SHAKESPEARE FESTIVAL, INC.

Current Principal Place of Business: New Principal Place of Business:

812 E ROLLINS ST STE 100

ORLANDO, FL 32803 US

New Mailing Address: Current Mailing Address:

812 E ROLLINS ST STE 100

ORLANDO, FL 32803 US

FEI Number: 59-2931698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

F& L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SANDERS, JOHN PHILLIPS, BRIAN Name: Name: 641 WILLIAMS DRIVE Address: 1650 OAKHURST AVE. Address:

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

(X) Change () Addition Title: VD1 () Delete Title: PHILLIPS, BRIAN Name: TOOHEY, DEBBI Name:

Address: 1650 OAKHURST AVE. Address: 8993 CRICHTON WOOD DR. City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32819

Title: VD2 () Delete Title: (X) Change () Addition TOOHEY, DEBBI QUIGLEY, JOHN Name: Name:

8993 CRICHTON WOOD DR. 111 N ORANGE AVE., SUITE 600 Address: Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32801

() Delete Title: Title: SD (X) Change () Addition

Name: FORD, KIENE Name: GOODRICH, JAMES 10928 FLORIDA CROWN DR Address: Address: 11606 LAKE BUTLER BLVD City-St-Zip: ORLANDO, FL 32824 City-St-Zip: WINDERMERE, FL 34786

Title: (X) Delete Title: () Change () Addition

MCLAUGHLIN, MACK Name: Name: 922 N LAKEWOOD AVE Address: Address: City-St-Zip: OCOEE, FL 34761 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: BRIAN PHILLIPS PD 04/27/2006