


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90012 015 ****61.25

DOCUMENT # N44405	
1. Entity Name BRANDON YOUTH THEATER, INC.	

Principal Place of Business 806 ORANGE BLOSSOM TR SEFFNER, FL 33584 US	Mailing Address PO BOX 3884 BRANDON, FL 33509-3884 US
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14010401



2. Principal Place of Business		3. Mailing Address 806 Orange Blossom Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Seffner FL	
Zip	Country	Zip 33584	Country US

05092005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3088605		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SULLIVAN, JOHN E 1306 MILLENNIUM PKY #2000 BRANDON, FL 33511		7. Name and Address of New Registered Agent 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEEKER, KAREN 217 CAMROSE DR BRANDON, FL 33509 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, SHIRLEY 3909 BUTTERNUT CT BRANDON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CELIERO, KATHY 719 CAMROSE DR BRANDON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPP, KATHLEEN 806 ORANGE BLOSSOM TR SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicki Nulph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3019 King Phillip Way Seffner, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruth Dobler - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10511 Mary Rose Way Lithia, FL 33547-1941

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kathleen A Stepp

Kathleen A Stepp

8-31-05

813-391-9529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #