

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 034 \*\*\*\*61.25

<b>DOCUMENT # N44405</b> 1. Entity Name <b>BRANDON YOUTH THEATER, INC.</b>					
Principal Place of Business <b>806 ORANGE BLOSSOM LANE</b> <b>SEFFNER, FL 33584 US</b>				Mailing Address <b>806 ORANGE BLOSSOM LANE</b> <b>SEFFNER, FL 33584 US</b>	
2. Principal Place of Business <b>10511 Mary Rose Wy</b> Suite, Apt. #, etc.		3. Mailing Address <b>10511 Mary Rose Wy</b> Suite, Apt. #, etc.			
City & State <b>Lithia FL</b>		City & State <b>Lithia FL</b>		4. FEI Number <b>59-3088605</b>	
Zip <b>33547</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SULLIVAN, JOHN E</b> <b>1306 MILLENNIUM PKY #2000</b> <b>BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NULPH, VICKI</b> <b>3019 KING PHILLIP WAY</b> <b>SEFFNER, FL 33584</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Holly Quigley</b> <b>5712 Eaglemount Cir</b> <b>Lithia FL 33547</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>TUCKER, SHIRLEY</b> <b>3909 BUTTERNUT CT</b> <b>BRANDON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Donna O'Toole</b> <b>131 Hickory Creek Dr</b> <b>Brandon FL 33511</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>CELIERO, KATHY</b> <b>719 CAMROSE DR</b> <b>BRANDON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>STEPP, KATHLEEN</b> <b>806 ORANGE BLOSSOM TR</b> <b>SEFFNER, FL 33584</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Sarah Di Monaco</b> <b>1813-301 Sterling Palms Ct</b> <b>Brandon FL 33511</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DOBLER, RUTH</b> <b>10511 MARY ROSE WAY</b> <b>LITHIA, FL 33547-1941</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Dobler Ruth</b> <b>10511 Mary Rose Way</b> <b>Lithia FL 33547-1941</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Kathleen A Stepp</u> Kathleen A Stepp 9-1-06 813-391-9529</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					