2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 30, 2007
Secretary of State

DOCUMENT# N94000004044

Entity Name: HIGH SPRINGS COMMUNITY THEATER, INC.

Current Principal Place of Business:

130NE 1ST AVE
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1518
HIGH SPRINGS, FL 326551518 US

New Mailing Address:

FEI Number: 59-3408296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANFORD, MALCOLM
5002 NW 64TH LN
GAINESVILLE, FL 32653 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:	SD	( ) Delete
Name:	SANFORD, MALCOLM	
Address:	5002 NW 64TH LN	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	TD	( ) Delete
Name:	DIXON, ALICIA	
Address:	210 NE FIRST AVE	
City-St-Zip:	HIGH SPRINGS, FL 32643	
Title:	D	( ) Delete
Name:	KIRKLAND, LORRAINE	
Address:	366 NW MALLARD PL	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	D	( ) Delete
Name:	SMITH, MAGGIE	
Address:	164 SW CHALET TERR	
City-St-Zip:	FORT WHITE, FL 32038	
Title:	D	( ) Delete
Name:	TRUNK, DAN	
Address:	9904 SW 52ND RD	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	PD	(X) Delete
Name:	JENKINS, ALICIA	
Address:	PO BOX 1361	
City-St-Zip:	NEWBERRY, FL 32669	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	LEVINE, ARLENE	
Address:	26562 NW 166TH AVE	
City-St-Zip:	HIGH SPRINGS, FL 32643	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: ARLENE LEVINE PRES 10/30/2007

Electronic Signature of Signing Officer or Director — Date