

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004044

FILED
Feb 24, 2010
Secretary of State

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:

PO BOX 1518
HIGH SPRINGS, FL 32655 US

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
Name: SANFORD, MALCOLM
Address: 5002 NW 64TH LN
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: ROSS, JOYCE
Address: 210 S. MAIN ST.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PD
Name: KIRKLAND, LORRAINE
Address: 366 NW MALLARD PL
City-St-Zip: LAKE CITY, FL 32055

Title: TD
Name: HORVATH, ALISON
Address: 19524 NW 270 TERR
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPD
Name: CARRERO, LEDA
Address: 2074 NW 251 TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D
Name: ROE, WANDA
Address: P.O. BOX 2577
City-St-Zip: HIGH SPRINGS, FL 32655

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: MALCOLM T. SANFORD

SD

02/24/2010

Electronic Signature of Signing Officer or Director

Date