

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004044

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** HIGH SPRINGS COMMUNITY THEATER, INC.

**Current Principal Place of Business:**

130 NE 1ST AVE  
HIGH SPRINGS, FL 32643 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1518  
HIGH SPRINGS, FL 32655 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 LANE  
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: LEVINE, ARLENE  
Address: 26562 NW 166TH AVE  
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: LEROY, CLARK  
Address: 319 83RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32604

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

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date