2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N94000005665

Entity Name: SESQUICENTENNIAL PRODUCTIONS, INC.

Current Principal Place of Business:

2345 BEE RIDGE ROAD
SUITE 6
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

15 PARADISE PLAZA
PMB 297
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0534189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, NATHAN
STE. 500
1777 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

NATHAN, KELLEY
STE. 500
1777 MAIN STREET
SARASOTA, FL 34236 US

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: KELLEY NATHAN 02/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALMY, MARION M
Address: PO BOX 5103 N/A
City-St-Zip: SARASOTA, FL 34277

Title: DST ( ) Delete
Name: MATTHEWS, JANET S
Address: PO BOX 5343 N/A
City-St-Zip: SARASOTA, FL 34277

Title: DV ( ) Delete
Name: MATTHEWS, A. LAMAR
Address: 1777 MAIN ST, SUITE 500
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: HORTON, ALLAN H
Address: PO BOX 2227
City-St-Zip: SARASOTA, FL 34230

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: ( ) 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: A. LAMAR MATTHEWS, JR. VP 02/06/2009
Electronic Signature of Signing Officer or Director Date