

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002012

FILED
Apr 29, 2004
Secretary of State

Entity Name: SOUTHERN SHAKESPEARE FESTIVAL, INC.

Current Principal Place of Business:

1520 KILLEARN CENTER BLVD.
STE 200
TALLAHASSEE, FL 32308

New Principal Place of Business:

1520 KILLEARN CENTER BLVD.
STE 200
TALLAHASSEE, FL 32309

Current Mailing Address:

P O BOX 38096
TALLAHASSEE, FL 323158096 US

New Mailing Address:

FEI Number: 59-3310279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASTERSON, STEPHEN
1911 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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: DV () Delete
Name: MCLEAN, TANA
Address: 1529 HEECHE NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT () Delete
Name: LEONARD, COMAN
Address: 3050 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: STRAUSS, JUNE F
Address: 2017 DOGWOOD HILL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BYRNES, WILLIAM
Address: 8521 CHARRINGTN FOREST BLVD.
City-St-Zip: TALLAHASSEE, FL

Title: DC () Delete
Name: MASTERSON, STEVE
Address: 2970 N UMBERLAND
City-St-Zip: TALLAHASSEE, FL

Title: DS () Delete
Name: BELL, KATHRYN
Address: 1520 KILLEARN CENTER BLVD., #200
City-St-Zip: TALLAHASSEE, FL 32309

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
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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 for the exemption stated in Section 119.07(3)(i), 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: KATHRYN BELL

DS

04/29/2004

Electronic Signature of Signing Officer or Director

Date