2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002012

FILED Apr 26, 2005 Secretary of State

Entity Name: SOUTHERN SHAKESPEARE FESTIVAL, INC.

Current Principal Place of Business:

New Principal Place of Business:

1520 KILLEARN CENTER BLVD. STE 200 TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

P O BOX 38096

TALLAHASSEE, FL 323158096 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASTERSON, STEPHEN

1911 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

LEONARD, COMAN C
3050 W THARPE ST
TALLAHASSEE, FL 32303 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: COMAN C LEONARD 04/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV () Delete Title: D (X) Change () Addition Name: MCLEAN, TANA Name: MCLEAN, TANA

 Name:
 MCLEAN, TANA
 Name:
 MCLEAN, TANA

 Address:
 1529 HEECHE NENE
 1529 HEECHE NENE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: DT () Delete Title: () Change () Addition

 Name:
 LEONARD, COMAN
 Name:

 Address:
 3050 W THARPE ST
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf DC} \qquad {\sf (A) Change (A) Addition}$

 Name:
 STRAUSS, JÜNE F
 Name:
 HINKLE, JANET

 Address:
 2017 DOGWOOD HILL
 Address:
 2500 DEERLAKE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: D () Delete Title: DV (X) Change () Addition

Name: BYRNES, WILLIAM Name: MINARDI, RUSSELL D
Address: 8521 CHARRINGTN FOREST BLVD. Address: 510 WILLIAMS ST

Address: 8521 CHARRINGTN FOREST BLVD. Address: 510 WILLIAMS ST
City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32303

Title: DC () Delete Title: D (X) Change () Addition

 Name:
 MASTERSON, STEVE
 Name:
 ZIFFER, GIL

 Address:
 2970 N UMBERLAND
 Address:
 525 N CALHOUN ST

 City-St-Zip:
 TALLAHASSEE, FL
 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: DS () Delete Title: () Change () Addition

 Name:
 BELL, KATHRYN
 Name:

 Address:
 1520 KILLEARN CENTER BLVD., #200
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 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: COMAN C LEONARD T 04/26/2005