

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002012

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** SOUTHERN SHAKESPEARE FESTIVAL, INC.

**Current Principal Place of Business:**

1520 KILLEARN CENTER BLVD.  
STE 200  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

1426 VILLAGE SQUARE BLVD  
STE 101  
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 ( )**

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

LEONARD, COMAN C  
3050 W THARPE ST  
TALLAHASSEE, FL 32303 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: D ( ) 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: DC ( ) Delete  
Name: HINKLE, JANET  
Address: 2500 DEERLAKE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV ( ) Delete  
Name: MINARDI, RUSSELL D  
Address: 510 WILLIAMS ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: ZIFFER, GIL  
Address: 525 N CALHOUN ST  
City-St-Zip: TALLAHASSEE, FL 32301

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  
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 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: COMAN LEONARD

T

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date