2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002012

FILED Apr 28, 2006 Secretary of State

Entity Name: SOUTHERN SHAKESPEARE FESTIVAL, INC.

Cournent Principal Place of Business: New Principal Place of Business:						
STE 200 STE 101 TALLAHASSEE, FL 32309 New Mailing Address: P O BOX 38096 TALLAHASSEE, FL 323158096 US PER Number: 59-3319279 FEI Number Applied For () Name and Address of Current Registered Agent: EONARD 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: Electronic Signature of Registered Agent Date DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D	Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
TALLAHASSEE, FL 32309 Current Mailing Address: P O BOX 38096 FEI Number S9-3310279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: LEONARD, COMAN C 3050 W THARPE ST FALLAHASSEE, 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: Felectronic Signature of Registered Agent Date DEFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: File: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: MCLEAN, TANA Mame: MCLEAN, TANA Mame: MCLEAN, TANA Mame: LEONARD, COMAN LEONARD, COMAN Mame: MCLEAN, TANA MAME		EARN CENTE	R BLVD.			
P O BOX 38096 TALLAHASSEE, FL 323158096 US FEI Number: 59-3310279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DECONARD, 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, on the State of Florida. SIGNATURE: Electronic Signature of Registered Agent		SSEE, FL 3230	09			
FEI Number: 59-3310279 FEI Number Applied For() FEI Number Not Applicable() Certificate of Status Desired() Name and Address of Current Registered Agent: EONARD, 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Fille: D () Delete Jame: MCLEAN, TANA Address: Signy-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: DV () Delete Mame: MINGLE, JANET Address: Sign Oran Marker, Mingle, Russell D Name: Mingle, Mingle, Russell D Name: Mingle, St-Zip: Title: () Change () Addition Name: Mingle, St-Zip: Title: () Change () Addition Name: Mingle, St-Zip: Title: () Change () Addition Name: Mingless: Sign National Control of Status Desired Agent Title: () Change () Addition Name: Mingless: Mingless: Sign National Control of Status Desired Agent Name: Mingless: Sign National Address: Sign National Control of Status Desired Agent Name: Mingless: Mingless: Sign National Address: Sign National Control of Status Desired Agent Name: Mingless: Mingless:	Current M	ailing Addres	ss:	New Mailing Addr	New Mailing Address:	
Name and Address of Current Registered Agent: 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, n the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Differers AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title:			158096 US			
EONARD, COMAN C 3050 W THARPE ST FALLAHASSEE, 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Company of Proceedings of Change (Addition Name: Address: 1529 HEEOHE NENE Address: 1520 Now THARPE ST Address: 1510 Now That Ad	El Number:	59-3310279	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
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	Name and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
## Date Date	3050 W TH FALLAHAS	ÍARPE ST SSEE, FL 3230				
Electronic Signature of Registered Agent			submits this statement for the pu	irpose of changing its registe	ered office or registered agent, or both,	
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: #### Address: #### Address: ### Address: ##	SIGNATUR	RE:				
Title:		Electron	ic Signature of Registered Ager	nt	Date	
Mame: MCLEAN, TANA Name: Address: 1529 HEECHE NENE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: DT	OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: LEONARD, COMAN Address: 3050 W THARPE ST Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: DC () Delete Title: () Change () Addition Name: Address: 2500 DEERLAKE ROAD Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Change () Addition Name: MINARDI, RUSSELL D Name: Address: City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASEE, FL 32303 C	Name: Nddress:	MCLEAN, TANA 1529 HEECHE	NENE	Name: Address:	() Change () Addition	
Name: HINKLE, JANET Name: Address: 2500 DEERLAKE ROAD Address: 2500 DEERLAKE ROAD Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: Address: 510 WILLIAMS ST Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: Address: 1520 KILLEARN CENTER BLVD., #200 Address:	Name: Nddress:	LEONARD, COI 3050 W THARF	MAN PE ST	Name: Address:	() Change () Addition	
Name: MINARDI, RUSSELL D Address: 510 WILLIAMS ST City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: D () Delete Name: ZIFFER, GIL Address: 525 N CALHOUN ST City-St-Zip: TALLAHASSEE, FL 32301 Address: DS () Delete Name: BELL, KATHRYN Name: Address: 1520 KILLEARN CENTER BLVD., #200 Address: 1520 KILLEARN CENTER BLVD., #200	Name: Nddress:	HINKLE, JANET 2500 DEERLAH	T KE ROAD	Name: Address:	() Change () Addition	
Name: ZIFFER, GIL Name: Address: 525 N CALHOUN ST Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: BELL, KATHRYN Name: Address: 1520 KILLEARN CENTER BLVD., #200 Address:	Name: Nddress:	MINARDI, RUS 510 WILLIAMS	SELL D ST	Name: Address:	() Change () Addition	
Name: BELL, KATHRYN Name: Address: 1520 KILLEARN CENTER BLVD., #200 Address:	Name: Nddress:	ZIFFER, GIL 525 N CALHOU	N ST	Name: Address:	() Change () Addition	
	Name: Nddress:	BELL, KATHRY 1520 KILLEARI	N N CENTER BLVD., #200	Name: Address:	() Change () Addition	

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