


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000064387	
1. Entity Name ACT ONE THEATRE PROJECT, INC.	

Principal Place of Business	Mailing Address
13506 N ROME AVE TAMPA, FL 33613	13506 N ROME AVE TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3460481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TINDELL, DIANE MRS. 4302 SOUTHPARK DRIVE TAMPA, FL 33624

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	TINDELL, DIANE
STREET ADDRESS	4302 SOUTHPARK DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	DRAPER, ANN MARIE MS.
STREET ADDRESS	7128 LAUDER PLACE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	O
NAME	MARQUIT, HARRIET A MRS.
STREET ADDRESS	108 BACKCREEK DRIVE
CITY-ST-ZIP	HERTFORD, NC 27944
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/05-80027-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Ann Marie Draper Pres.</i>	2/25/05	813-961-0863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #