

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004387**

1. Entity Name

ACT ONE THEATRE PROJECT, INC.



Principal Place of Business

7128 LAUDER PLACE  
TAMPA, FL 33617

Mailing Address

7128 LAUDER PLACE  
TAMPA, FL 33617



04212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3460481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRAPER, ANN MARIE  
7128 LAUDER PL  
WEST PALM BEACH, FL 33417

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000937694

05/27/08-80061-006 61.25

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	D
NAME	WYMAN, CAROLE
STREET ADDRESS	9719 HIDDEN OAKS CIR
CITY- ST- ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Ann Marie Draper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08

813-988-7071

Date

Daytime Phone #