

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001741

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: FLORIDA REPERTORY COMPANY, INC.

**Current Principal Place of Business:**

2267 FIRST ST  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2483  
FT MYERS, FL 33902

**New Mailing Address:**

FEI Number: 65-0827621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CACIOPPO, ROBERT  
2267 FIRST STREET  
FORT MYERS, FL 33901 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: PD ( ) Delete  
Name: CACIOPPO, ROBERT  
Address: 945 ROBALO DR  
City-St-Zip: FORT MYERS, FL 33919

Title: MD ( ) Delete  
Name: MARTIN, JOHN  
Address: 945 ROBALO DRIVE  
City-St-Zip: FORT MUERS, FL 33919

Title: SD ( ) Delete  
Name: STARNES, MARJORIE  
Address: 2077 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T ( ) Change (X) Addition  
Name: HALL, DAVID  
Address: 1565 RED CEDAR DRIVE  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MARTIN

MD

03/24/2008

Electronic Signature of Signing Officer or Director

Date