2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N98000003548

Entity Name: RIVER CITY REPERTORY COMPANY, INC.

Current Principal Place of Business:

216 REID ST
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

105 LINDA LANE
PALATKA, FL 32177

New Mailing Address:

913 S 15TH ST
PALATKA, FL 32177

FEI Number: 59-2743514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAUNECK, DEBORAH
105 LINDA LANE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

BRAUNECK, DEBORAH
913 S 15TH ST
PALATKA, FL 32177 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: _____ 05/01/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMERON, ANN
Address: 913 SOUTH 15TH ST
City-St-Zip: PALATKA, FL 32177

Title: VPD ( ) Delete
Name: COLLIER, KIRK
Address: 948 MOODY ROAD
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete
Name: BRAUNECK, DEBORAH
Address: 105 LINDA LANE
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete
Name: MATTHEWS, COLLEEN
Address: 1915 DIANA DR
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: CROWLEY, STEVE
Address: P.O. BOX 67
City-St-Zip: SATSUMA, FL 32189

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:

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: SARAH ANN CAMERON PD 05/01/2008
Electronic Signature of Signing Officer or Director — Date