## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003548

Entity Name: RIVER CITY REPERTORY COMPANY, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

216 REID ST

PALATKA, FL 32177

Current Mailing Address: New Mailing Address:

913 S 15TH ST 521 KIRBY STREET PALATKA, FL 32177 PALATKA, FL 32177

FEI Number: 59-2743514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BRAUNECK, DEBORAH
913 S 15TH ST
9ALATKA, FL 32177 US
SHERRILL, THOMAS R
521 KIRBY STREET
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: THOMAS ROY SHERRILL 03/31/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CAMERON, ANN
 Name:
 SULLIVAN, SHARRON

 Address:
 913 SOUTH 15TH ST
 Address:
 259 E STATE ROAD 100

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:
 SAN MATEO, FL 32187

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: COLLIER, KIRK Name: JORGENSEN, KATHY

Address: 948 MOODY ROAD Address: P O BOX 700

City-St-Zip: PALATKA, FL 32177 City-St-Zip: INTERLACHEN, FL 32148

Title: TD () Delete Title: TD (X) Change () Addition Name: BRAUNECK, DEBORAH Name: SHERILL, THOMAS R

Address: 105 LINDA LANE Address: 521 KIRBY STREET
City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 MATTHEWS, COLLEEN
 Name:
 HAENGEL, THEODORE

 Address:
 1915 DIANA DR
 Address:
 521 KIRBY STREET

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:
 PALATKA, FL 32177

 Name:
 CROWLEY, STEVE
 Name:
 CROWLEY, STEVE

 Address:
 P.O. BOX 67
 Address:
 520 KIRBY STREET

 City-St-Zip:
 SATSUMA, FL 32189
 City-St-Zip:
 PALATKA, FL 32177

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: THOMAS ROY SHERRILL MR 03/31/2009