

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003548

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**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:**

521 KIRBY STREET  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-2743514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHERRILL, THOMAS R  
521 KIRBY STREET  
PALATKA, FL 32177 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  
**Name:** SULLIVAN, SHARRON  
**Address:** 259 E STATE ROAD 100  
**City-St-Zip:** SAN MATEO, FL 32187

**Title:** TD  
**Name:** SHERRILL, THOMAS R  
**Address:** 521 KIRBY STREET  
**City-St-Zip:** PALATKA, FL 32177

**Title:** SD  
**Name:** HAENGEL, THEODORE  
**Address:** 521 KIRBY STREET  
**City-St-Zip:** PALATKA, FL 32177

**Title:** D  
**Name:** CROWLEY, STEVE  
**Address:** 520 KIRBY STREET  
**City-St-Zip:** PALATKA, FL 32177

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS R SHERRILL

TD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date