

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005270

Entity Name: ACTORS REPERTORY THEATRE, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

27099 ALLAN STREET
BONITA SPRINGS, FL 34135

New Principal Place of Business:

18553 ZINNIA RD.
FORT MYERS, FL 33912

Current Mailing Address:

PO BOX 8747
NAPLES, FL 34101

New Mailing Address:

18553 ZINNIA RD.
FORT MYERS, FL 33912

FEI Number: 59-3539482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 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: VD () Delete
Name: MCCLELLAN, MARK K
Address: 18553 ZINNIA RD.
City-St-Zip: FORT MYERS, FL 33912

Title: PD () Delete
Name: PEET, ALISON
Address: 27099 ALLAN STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TSD () Delete
Name: SLACK, MARK A
Address: 801 ANCHOR RODE DRIVE, STE 203
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCLELLAN, MARK K
Address: 18553 ZINNIA RD.
City-St-Zip: FORT MYERS, FL 33912

Title: VD (X) Change () Addition
Name: PEET, ALISON
Address: 27099 ALLAN STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALISON PEET

VD

04/29/2004

Electronic Signature of Signing Officer or Director

Date