

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730619

FILED
Jan 22, 2014
Secretary of State
CC7622220884

Entity Name: THE HIPPODROME STATE THEATRE, INC.

Current Principal Place of Business:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601

Current Mailing Address:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601 US

FEI Number: 59-1590987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURRY, MICHAEL C
25 SE 2 PLACE
GAINESVILLE, FL 32601 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CURRY, MICHAEL
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title VP
Name STYRON, BETSY
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title TREASURER
Name MCGURN, LINDA
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY
Name HAYNES, ALORA
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title CO-TRUSTEE
Name MORRIS, CHRIS
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title PRODUCING DIRECTOR
Name ANDERSON, THOMAS
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title ARTISTIC DIRECTOR
Name CALDWELL, LAUREN
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR OF COMMUNICATIONS
Name HUROV, JESSICA
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

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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: NICOLE DAENZER

**DIRECTOR OF
OPERATIONS**

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR OF OPERATIONS
Name DAENZER, NICOLE
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601