

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753708

**Entity Name:** ACROSSTOWN REPERTORY THEATRE WORKSHOP, INC.

**Current Principal Place of Business:**

4600 NW 28TH TER  
GAINESVILLE, FL 32605

**Current Mailing Address:**

P.O. BOX 12254  
GAINESVILLE, FL 32604 US

**FEI Number:** 59-2737556

**Certificate of Status Desired:** Yes

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

SIMON, ZACHARY  
4219 NW 30TH TER  
GAINESVILLE, FL 32605 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:** ZACHARY SIMON

04/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            YOUNG, ANDREA  
Address        4600 NW 28TH TER  
City-State-Zip: GAINESVILLE FL 32605

Title            TREASURER  
Name            WILSON, CHELSEA  
Address        5129 NW 80TH RD  
City-State-Zip: GAINESVILLE FL 32653

Title            VP  
Name            SIMON, ZACHARY  
Address        4219 NW 30RH TER  
City-State-Zip: GAINESVILLE FL 32605

Title            SECRETARY  
Name            WALLACE, KATHERINE  
Address        4219 NW 30TH TER  
City-State-Zip: GAINESVILLE FL 32605

*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:** ZACHARY SIMON

VICE PRESIDENT

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date