### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753708** 

Entity Name: ACROSSTOWN REPERTORY THEATRE WORKSHOP, INC.

**FILED** Mar 02, 2024 **Secretary of State** 1579898983CC

### **Current Principal Place of Business:**

3501 SW 2ND AVE SUITE O GAINESVILLE, FL 32607

## **Current Mailing Address:**

P.O. BOX 12254

GAINESVILLE, FL 32604 US

FEI Number: 59-2737556 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

WILSON, CHELSEA ALISON 5129 NW 80TH ROAD GAINESVILLE, FL 32653 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: CHELSEA WILSON 03/02/2024

> Date Electronic Signature of Registered Agent

### Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** YOUNG. ANDREA Name Name WILSON, CHELSEA Address 4600 NW 28TH TER Address 5129 NW 80TH RD City-State-Zip: GAINESVILLE FL 32653 City-State-Zip: GAINESVILLE FL 32605

Title **SECRETARY** Title

WALLACE, KATHERINE Name Name SIMON, ZACHARY Address 4219 NW 30TH TER Address 4219 NW 30RH TER GAINESVILLE FL 32605 City-State-Zip: 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: CHELSEA WILSON

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/02/2024 Date