

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007068

**Entity Name:** MAKING LIGHT PRODUCTIONS, INC.

**Current Principal Place of Business:**

355 N MONROE ST  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

355 N MONROE ST  
TALLAHASSEE, FL 32301 US

**FEI Number: 81-3325075**

**Certificate of Status Desired: No**

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

BROADFOOT, AMANDA  
1861 EASTON FOREST DRIVE  
TALLAHASSEE, FL 32317 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 P  
Name YAQUES, JULIET  
Address 1807 WOODGATE WAY  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name BROADFOOT, AMANDA  
Address 1861 EASTON FOREST DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title S  
Name BROADFOOT, DAVID  
Address 1861 EASTON FOREST DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title T  
Name BODIFORD, JEB  
Address 1216 DEMPSEY MAYO DR  
City-State-Zip: TALL. FL 32308

Title TR  
Name CASSELL, BECKY  
Address 5323 WATER VALLEY DR  
City-State-Zip: TALL. FL 32308

Title TR  
Name CLIBURN, MADELIN  
Address 3719 LONGFELLOW RD  
City-State-Zip: TALL. FL 32311

Title TR  
Name DENNIS, DENISE  
Address 1606 PAULA DR  
City-State-Zip: TALL FL 32303

Title TR  
Name PETERMAN, ERIKA  
Address 1210 SMOKE RISE LANE  
City-State-Zip: TALL FL 32317

**Continues on page 2**

*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: JULIET YAQUES**

**PRESIDENT**

**03/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TR  
Name STRICKLAND, SAMANTHA  
Address 213 SUMMERBROOKE DR  
City-State-Zip: TALL FL 32312