

**Matt Blunt Secretary of State**  
**2004 ANNUAL REGISTRATION REPORT**  
 NONPROFIT

**File Number: 200424890055**  
**N00546165**  
**Date Filed: 09/04/2004**  
**Matt Blunt**  
**Secretary of State**

REPORT DUE BY: **08/31/2004**

**N00546165**  
**Destination Theatre Company**  
**Moore, W Allen**  
**901 Rayburn**  
**Crestwood, MO 63126**

MISSOURI

**1** PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:  
 W. Allen Moore, 901 Rayburn  
 STREET  
 Crestwood, MO 63126  
 CITY/STATE ZIP

**2** If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent  
**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**

The new registered office address  
**Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.**

<p style="text-align: center;"><b>OFFICERS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST ONE OFFICER BELOW.</b></p> <p><b><u>PRES</u></b> Woodvall Allen Moore                  STREET/RT 901 Rayburn                  CITY/STATE/ZIP Crestwood, MO 63126</p> <p>V-PRES .....</p> <p><b><u>SEC'Y</u></b> .....</p> <p>TREAS .....</p> <p>STREET/RT .....</p> <p>CITY/STATE/ZIP .....</p>	<b>A</b>	<p style="text-align: center;"><b>BOARD OF DIRECTORS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST THREE DIRECTORS BELOW.</b></p> <p><b><u>NAME</u></b> Woodvall Allen Moore                  STREET/RT 901 Rayburn                  CITY/STATE/ZIP Crestwood, MO 63126</p> <p><b><u>NAME</u></b> Kristina Lynn Moore                  STREET/RT 901 Rayburn                  CITY/STATE/ZIP Crestwood, MO 63126</p> <p><b><u>NAME</u></b> Tamra Sheri Harris                  STREET/RT 410 Barnard                  CITY/STATE/ZIP Rogersville, MO 65742</p> <p>.....</p> <p>STREET/RT .....</p> <p>CITY/STATE/ZIP .....</p>	<b>B</b>
--	----------	--	----------

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

**4** The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

**Authorized party or officer sign here** Woodvall Allen Moore

**Please print name and title of signer:** Woodvall Allen Moore / President  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_ \$10.00 If filed on or before 8/31  
 \_\_\_ \$15.00 If filed after 8/31  
 Corporation will be administratively dissolved if report is not filed by November 30th.

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL) \_\_\_\_\_

**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102