

Robin Carnahan Secretary of State  
 2008 ANNUAL REGISTRATION REPORT

NONPROFIT

File Number: 200826690779

N00546165

Date Filed: 09/22/2008

Robin Carnahan

Secretary of State

REPORT DUE BY: **08/31/2008**

ORGANIZED UNDER THE LAWS OF:  
**Missouri**

**N00546165**  
 Destination Theatre Company  
 Moore, W Allen  
 1370 Swallow Ln  
 Florissant, MO 63031

**1** PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:  
 W. Allen Moore, 1370 Swallow Ln  
 STREET  
 Florissant, MO 63031  
 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.**

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST ONE OFFICER BELOW.</b>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST THREE DIRECTORS BELOW.</b>	
<b>A</b>			<b>B</b>
<b>PRES</b>	Woodvall Allen Moore	<b>NAME</b>	Woodvall Allen Moore
STREET/RT	1370 Swallow	STREET/RT	1370 Swallow Ln
CITY/STATE/ZIP	Florissant, MO 63031	CITY/STATE/ZIP	Florissant, MO 63031
V-PRES	.....	NAME	Kristina Lynn Moore
STREET/RT	.....	STREET/RT	1370 Swallow Ln
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	Florissant, MO 63031
<b>SEC'Y</b>	.....	NAME	Stacey Lafferty
STREET/RT	.....	STREET/RT	2549 Elm St
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	St. Charles, MO 63301
TREAS	.....	NAME	Brad Lafferty
STREET/RT	.....	STREET/RT	2549 Elm St.
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	St. Charles, MO 63301
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 (Required)

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