

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20393 (7)

1. Corporation Name
LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE



Principal Place of Business
**353 W DEARBORN ST
ENGLEWOOD FL 34223
US**

Mailing Address
**P O BOX 124
ENGLEWOOD FL 34295**

3. Date Incorporated or Qualified
04/29/1987

3a. Date of Last Report
03/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2803975	Applied For Not Applicable
21 96 W. DEARBORN ST.	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State ENGLEWOOD, FL	City & State		
23 Zip 34223 Country US	28 Zip	29 Country	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HYATT, PAUL 150 ENGLEWOOD RD #84 ENGLEWOOD FL 34223		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYATT, PAUL	1.2 NAME	HYATT, PAUL
STREET ADDRESS	150 ENGLEWOOD RD #84	1.3 STREET ADDRESS	150 ENGLEWOOD RD #84
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTER, PAULA	2.2 NAME	McMILLIN, Bobbi
STREET ADDRESS	11972 HELICON AVE	2.3 STREET ADDRESS	119 FAIRWAY RD
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	ROTONDA WEST, FL 33447
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESTA, JOE	3.2 NAME	LEHNE, MARY
STREET ADDRESS	414 BRAVADO	3.3 STREET ADDRESS	1323 WHISPERING LN
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, RITA	4.2 NAME	CORN, RITA
STREET ADDRESS	2055 FORKED CREEK DR	4.3 STREET ADDRESS	2055 FORKED CREEK DR
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, JEAN	5.2 NAME	BARNES, WILLIAM
STREET ADDRESS	12 STONE MTN BLVD	5.3 STREET ADDRESS	404 CERROMAR CIR. N.
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, A. J	6.2 NAME	RODVIK, BARBARA
STREET ADDRESS	3550 CAKE TERRACE	6.3 STREET ADDRESS	P.O. BOX 1077
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	ENGLEWOOD, FL 34295

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobbi McMILLIN 3/8/96 441-694-9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)