

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N20393 (7)

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



Principal Place of Business: 96 W DEARBORN STREET, ENGLEWOOD FL 34223 US
Mailing Address: P O BOX 124, ENGLEWOOD FL 34295-0124

3. Date Incorporated or Qualified: 04/29/1987
3a. Date of Last Report: 03/13/1996
4. FEI Number: 59-2803975
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
HYATT, PAUL
150 ENGLEWOOD RD
#84
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: FL 85

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	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: HYATT, PAUL	
STREET ADDRESS: 150 ENGLEWOOD RD #84	
CITY-ST-ZIP: ENGLEWOOD FL	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: MCMILLIN, BOBBI	
STREET ADDRESS: 119 FAIRWAY ROAD	
CITY-ST-ZIP: ROTONDA WEST FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: LEHNE, MARY	
STREET ADDRESS: 1323 WHISPERING LANE	
CITY-ST-ZIP: VENICE FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: CORN, RITA	
STREET ADDRESS: 2055 FORKED CREEK DR	
CITY-ST-ZIP: ENGLEWOOD FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: BARNES, WILLIAM	
STREET ADDRESS: 404 CERROMAR CIRCLE N	
CITY-ST-ZIP: VENICE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: RODVIK, BARBARA	
STREET ADDRESS: P.O. BOX 1077	
CITY-ST-ZIP: ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: HYATT, PAUL	
1.3 STREET ADDRESS: 150 ENGLEWOOD RD #84	
1.4 CITY-ST-ZIP: ENGLEWOOD FL	
2.1 TITLE: TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: MCMILLIN, BOBBI	
2.3 STREET ADDRESS: 119 FAIRWAY RD	
2.4 CITY-ST-ZIP: ROTONDA WEST, FL	
3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: HANSON, BILL	
3.3 STREET ADDRESS: 5184 CONNER TER	
3.4 CITY-ST-ZIP: CAPE HAZE, FL	
4.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: RITA CORN	
4.3 STREET ADDRESS: 2055 FORKED CREEK DR	
4.4 CITY-ST-ZIP: ENGLEWOOD, FL	
5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: HOLLENBERG, WAYNE	
5.3 STREET ADDRESS: 3539 BLYTON CT	
5.4 CITY-ST-ZIP: WARM MINERAL SPRINGS, FL	
6.1 TITLE: VA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: RODVIK, BARBARA	
6.3 STREET ADDRESS: P.O. BOX 1077	
6.4 CITY-ST-ZIP: ENGLEWOOD, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 March 3 '97 941-697-9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064818

CR2E037 (9/96)