

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20393 (7)**

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

Principal Place of Business <b>96 W DEARBORN STREET ENGLEWOOD FL 34223 US</b>	Mailing Address <b>96 W DEARBORN ENGLEWOOD FL 34295 US</b>
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3. Date Incorporated or Qualified <b>04/29/1987</b>	
4. FEI Number <b>59-2803975</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 12	
TITLE <b>PD</b>	NAME <b>HYATT, PAUL</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>150 ENGLEWOOD RD #84</b>	CITY-ST-ZIP <b>ENGLEWOOD FL</b>		
TITLE <b>TD</b>	NAME <b>MC MILLIN, BOBBI</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>119 FAIRWAY ROAD</b>	CITY-ST-ZIP <b>ROTONDA WEST FL</b>		
TITLE <b>SD</b>	NAME <b>HANSON, BILL</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>5184 CONNER TER</b>	CITY-ST-ZIP <b>CAPE HAZE FL</b>		
TITLE <b>VD</b>	NAME <b>CORN, RITA</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>2055 FORKED CREEK DR</b>	CITY-ST-ZIP <b>ENGLEWOOD FL</b>		
TITLE <b>D</b>	NAME <b>HOLLENSBE, WAYNE</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>3539 ECYTON CT</b>	CITY-ST-ZIP <b>WARM MINERAL SPRINGS FL</b>		
TITLE <b>D</b>	NAME <b>RODVIK, BARBARA</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>P.O. BOX 1077</b>	CITY-ST-ZIP <b>ENGLEWOOD FL</b>		

1.1 TITLE <b>PD</b>	1.2 NAME <b>RODVIK, BARBARA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>P.O. BOX 1077</b>	1.4 CITY-ST-ZIP <b>ENGLEWOOD, FL 34295</b>	
2.1 TITLE <b>TD</b>	2.2 NAME <b>MC MILLIN, BOBBI</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>119 FAIRWAY RD</b>	2.4 CITY-ST-ZIP <b>ROTONDA WEST, FL</b>	
3.1 TITLE <b>SD</b>	3.2 NAME <b>HANSON, BILL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>5184 CONNER TER</b>	3.4 CITY-ST-ZIP <b>PORT CHARLOTTE, FL</b>	
4.1 TITLE <b>VD</b>	4.2 NAME <b>CORN, RITA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>2055 FORKED CREEK DR</b>	4.4 CITY-ST-ZIP <b>ENGLEWOOD, FL</b>	
5.1 TITLE <b>D</b>	5.2 NAME <b>HOLLENSBE, WAYNE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <b>3539 ECYTON CT</b>	5.4 CITY-ST-ZIP <b>NORTH PORT, FL</b>	
6.1 TITLE <b>D</b>	6.2 NAME <b>BARNETT, DOREEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS <b>645 MICHIGAN AVE</b>	6.4 CITY-ST-ZIP <b>ENGLEWOOD, FL</b>	

14. I 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* **BOBBI McMILLIN 3-8-98 697-9573**

CR2E037 (10/97)