

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90156 022 ****61.25

0066865

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20393

1. Corporation Name

LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE

Principal Place of Business

Mailing Address

96 W DEARBORN STREET
 ENGLEWOOD FL 34223
 US

96 W DEARBORN
 ENGLEWOOD FL 34295
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/29/1987

22 City & State

27 City & State

4. FEI Number
 59-2803975

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME HYATT, PAUL
 STREET ADDRESS 150 ENGLEWOOD RD #84
 CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE PD Change Addition
 1.2 NAME BARBARA RODVIK
 1.3 STREET ADDRESS P.O. BOX 1077
 1.4 CITY-ST-ZIP ENGLEWOOD, FL 34295

TITLE TD DELETE
 NAME MCMILLIN, BOBBI
 STREET ADDRESS 119 FAIRWAY ROAD
 CITY-ST-ZIP ROTONDA WEST FL

2.1 TITLE D Change Addition
 2.2 NAME BILL HANSON
 2.3 STREET ADDRESS 5184 CONNER TER
 2.4 CITY-ST-ZIP CAPE HAZE, FL

TITLE SD DELETE
 NAME HANSON, BILL
 STREET ADDRESS 5184 CONNER TER
 CITY-ST-ZIP CAPE HAZE FL

3.1 TITLE SD Change Addition
 3.2 NAME DOREEN BARNETT
 3.3 STREET ADDRESS 643 MICHIGAN AVE
 3.4 CITY-ST-ZIP ENGLEWOOD, FL

TITLE VD DELETE
 NAME CORN, RITA
 STREET ADDRESS 2055 FORKED CREEK DR
 CITY-ST-ZIP ENGLEWOOD FL

4.1 TITLE VD Change Addition
 4.2 NAME BOBBI MCMILLIN
 4.3 STREET ADDRESS 119 FAIRWAY RD
 4.4 CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE D DELETE
 NAME HOLLENSBE, WAYNE
 STREET ADDRESS 3539 ECTON CT
 CITY-ST-ZIP WARM MINERAL SPRINGS FL

5.1 TITLE D Change Addition
 5.2 NAME DWAYNE HOLLENSBE
 5.3 STREET ADDRESS 3539 ECTON CT
 5.4 CITY-ST-ZIP WARM MINERAL SPRINGS, FL

TITLE D DELETE
 NAME RODVIK, BARBARA
 STREET ADDRESS P.O. BOX 1077
 CITY-ST-ZIP ENGLEWOOD FL

6.1 TITLE D Change Addition
 6.2 NAME RICHARD CORN
 6.3 STREET ADDRESS 2055 FORKED CREEK DR.
 6.4 CITY-ST-ZIP ENGLEWOOD, FL

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, with all other like empowered.

SIGNATURE: *Bobbi McMillin* (BOBBI MCMILLIN) 3-9-99 (697-9573)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)