2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N20393 1. Entity Name 04-07-2004 90039 006 ****61.25 LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE Principal Place of Business Mailing Address 96 W DEARBORN STREET 96 W DEARBORN **24077034** ENGLEWOOD FL 34223 US ENGLEWOOD FL 34295 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2803975 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANSON, DONALD D Street Address (P.O. Box Number is Not Acceptable) 1480-LEMON-BAY-DRIVE **ENGLEWOOD FL 34223** City Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regi-**SIGNATURE** FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITI F Change ☐ Addition WATERS-RIDDLE, BARBARA WATERS-RIDALL, BIRBING 2800 KISKAPLE DRIVE NAME NAME 2800 KISKADEE DRIVE STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP CITY-ST-ZIP 34224 ENGLEWOOD, SD VD TITLE Delete TITLE ☐ Change Addition BARNETT, DOREEN NAME HYATT, PAUL NAME 643 MICHIGAN AVE 151 VIRGINA ET. STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD FL 34225 TITLE TD Addition ☐ Delete TITLE Change HANSON: DONALD ---TREMO, ROSE 16N NAME NAME 1480 LEMON BAY DR STREET ADDRESS STREET ADDRESS 2255 NOATH BEACH ROAM ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP ENGLOWOOD מ ☐ Delete TITLE ☐ Change ☐ Addition HANSON, WILLIAM NAME 7234 DARLINGTON ST. STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP CITY-ST-7iP PD Delete Change TITLE ☐ Addition HANUSHEK, JAMES É NAME 150 N. OXFORD DR. STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP TIΠE Delete TITLE ☐ Addition SUCHOMEL, JAMES NAME NAME 639 LINDEN DR STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an agraress, with all other like empowered.

FILED

Daytime Phone #