


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 027 ****61.25

DOCUMENT # N20393					
1. Entity Name LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE					
Principal Place of Business 96 W DEARBORN STREET ENGLEWOOD, FL 34223 US		Mailing Address 96 W DEARBORN ENGLEWOOD, FL 34295 US			
2. Principal Place of Business		3. Mailing Address 96 W. DEARBORN ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ENGLEWOOD, FL		4. FEI Number 59-2803975	
Zip		Zip 34223		Country US	
6. Name and Address of Current Registered Agent HANSON, DONALD D 1480 LEMON BAY DRIVE ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name: LA SALLE, ROBERT M. Street Address (P.O. Box Number is Not Acceptable): 10162 TOPSAIL AVE. City: ENGLEWOOD FL Zip Code: 34224	
8. The above named entity 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 registered agent.					
SIGNATURE: <i>Robert M. LaSalle</i> ROBERT M. LASALLE TREASURER 4/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD WATERS-RIDDLE, BARBARA 2800 KISKADEE DRIVE ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE	PD HYATT, PAUL 151 VIRGINIA CT ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD HYATT, PAUL 151 VIRGINIA CT. ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE	VD ARDREY, MARY LOU 2115 W. DOLPHIN DR. ENGLEWOOD, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD HANSON, DONALD 1480 LEMON BAY DR. ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE	TD LA SALLE, ROBERT M. 10162 TOPSAIL AVE. ENGLEWOOD, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D HANSON, WILLIAM 7234 DARLINGTON ST. ENGLEWOOD, FL 34224		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD TREMUR, ROSEALN 2255 NORTH BEACH RD. ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SUCHOMEL, JAMES 639 LINDEN DR ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplemental 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 address, with all other like empowered.					
SIGNATURE: <i>Robert M. LaSalle</i> ROBERT M. LA SALLE 4/24/05 941-473-7900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20044824



01182005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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