

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 042 ****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 ST ENGLEWOOD FL 34223 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LASALLE, ROBERT M 10162 TOPSAIL AVE ENGLEWOOD FL 34224		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2803975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 HANUSHEN, JAMES E 150 N. OXFORD DR ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	
TITLE	VD ARDREY, MARY L 2115 W. DOLPHINS DR. ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD PHILLIPS, PAUL 740 SUMMERSEA CT ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD LASALLE, ROBERT 10162 TOPSAIL AVE ENGLEWOOD FL 34224	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD TREMUE, ROSEALN 2255 NORTH BEACH RD. ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ARDREY, MARY LOU 2115 W. DOLPHIN AVE ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD PHYLLIS ROLLO 800 OXFORD DR S. ENGLEWOOD, FL 34223		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD JOYCE COLMAR 724 A Manasota Key Rd. Englewood, FL 34223		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: PAUL PHILLIPS *Paul Phillips* 3/12/07 941-474-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #