

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003991 (5)**

1. Corporation Name
STAGE DOOR COMMUNITY THEATRE OF BRANDON, INC.



Principal Place of Business
**509 HEDGEROW ROAD
BRANDON FL 33510**

Mailing Address
**509 HEDGEROW ROAD
BRANDON FL 33510**

3. Date Incorporated or Qualified
08/18/1995

3a. Date of Last Report

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0602837	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SULLIVAN, JOHN E 329 PAULS DRIVE BRANDON FL 33511				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature is required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dir/Pres <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Otto	1.2 NAME	
STREET ADDRESS	509 Hedgerow Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33510	1.4 CITY-ST-ZIP	
TITLE	Dir/VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katharine Sullivan	2.2 NAME	
STREET ADDRESS	4021 Greenmark Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Valrico, FL 33594	2.4 CITY-ST-ZIP	
TITLE	Dir/VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Ferrante	3.2 NAME	
STREET ADDRESS	2415 Bucknell Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Valrico, FL 33594	3.4 CITY-ST-ZIP	
TITLE	Dir/Sec <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dottie Ashley	4.2 NAME	
STREET ADDRESS	1704 Southwind Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33510	4.4 CITY-ST-ZIP	
TITLE	Dir/Treas <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pati Ferrante	5.2 NAME	
STREET ADDRESS	2415 Bucknell Dr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Valrico, FL 33694 33594	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wayne Otto Date: 3/5/96 (813) 677-9285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)