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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
4. FEI Number: 65-0602837
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business: 509 Hedgerow Road
22. City & State: Brandon, FLA.
23. Zip: 33510
24. Country: Hills
25. Country: Hills
26. Mailing Address: PO Box 961
27. City & State: BRANDON, FLA.
28. City & State: BRANDON, FLA.
29. Zip: 33509
30. Country: Hills

9. Name and Address of Current Registered Agent
SULLIVAN, JOHN E
329 PAULS DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name: JOHN E. SULLIVAN
82 Street Address (P.O. Box Number is Not Acceptable): 349 PAULS DR.
83
84 City: BRANDON FL 85 Zip Code: 33511

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *John E. Sullivan* (NOTE: Registered Agent signature required when reinstating)
DATE: 1-14-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	OTTO, WAYNE	
STREET ADDRESS	509 HEDGEROW ROAD	
CITY-ST-ZIP	BRANDON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, KATHARINE	
STREET ADDRESS	4021 GREENMARKLANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FERRANTE, FRANK	
STREET ADDRESS	2415 BUCKNELL DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ASHLEY, DOTTIE	
STREET ADDRESS	1704 SOUTHWIND DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FERRANTE, PATI	
STREET ADDRESS	2415 BUCKNELL DR	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Heaps, Angela	
1.3 STREET ADDRESS	2026 PLANTATION KEY CIRCLE - APT 105	
1.4 CITY-ST-ZIP	BRANDON, FLA.	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Swilley, JANET B.	
2.3 STREET ADDRESS	801 W. KEYSVILLE ROAD	
2.4 CITY-ST-ZIP	PLANT CITY, FLA. 33567	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Williams, BEN	
3.3 STREET ADDRESS	3022 SR 674 #305	
3.4 CITY-ST-ZIP	RUSKIN, FLA. 33570	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OTTO, LYNN	
4.3 STREET ADDRESS	509 HEDGEROW ROAD	
4.4 CITY-ST-ZIP	BRANDON, FLA.	
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COSTA, Josie M.	
5.3 STREET ADDRESS	7512-ROBINDALE RD.	
5.4 CITY-ST-ZIP	TAMPA, FLA. 33619	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Angela Heaps* REQUIRED *Angela Heaps* 1/14/98 (813) 626-7306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone # 0046263

CR2E037 (10/97)