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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003991

1. Corporation Name

STAGE DOOR COMMUNITY THEATRE OF BRANDON, INC.

Principal Place of Business

509 HEDGEROW RD
BRANDON FL 33510
US

Mailing Address

P O BOX 961
BRANDON FL 33509
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/18/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0602837

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, JOHN
~~240 PAULS DR~~
BRANDON FL 33511

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1206 MILLENNIUM PARKWAY #2000

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-16-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME HEAPS, ANGELA
STREET ADDRESS 2026 PLANTATION KEY CIR APT 105
CITY-ST-ZIP BRANDON FL

1.1 TITLE Change Addition
1.2 NAME DVP
1.3 STREET ADDRESS RECCHINI, MAURICE
1.4 CITY-ST-ZIP 1739 SHADY LEAF DR. VALARCO, FL 33594

TITLE DVP DELETE
NAME SWILLEY, JANET B
STREET ADDRESS 801 W KEYSVILLE RD
CITY-ST-ZIP PLAN CITY FL 33567

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME WILLIAMS, BEN
STREET ADDRESS 3022 SR 674 #305
CITY-ST-ZIP RUSKIN FL 3357

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS DELETE
NAME OTTO, LYNN
STREET ADDRESS 509 HEDGEROW RD
CITY-ST-ZIP BRANDON FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT DELETE
NAME COSTA, JOSIE M
STREET ADDRESS 7512 ROBINDALE RD
CITY-ST-ZIP TAMPA FL 33619

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: ANGELA HEAPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 813-651-9129
Date Daytime Phone #

CR2E037 (1/98)