


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 035 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000003479

1. Corporation Name
 ATLANTIC SHAKESPEARE FESTIVAL, INC.

Principal Place of Business: ~~1340 AA SOUTH~~ SAINT AUGUSTINE FL 32085
 Mailing Address: ~~1340 AA SOUTH~~ SAINT AUGUSTINE FL 32085



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/16/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 1340 AIA SOUTH	27 P.O. BOX 1975	59-3517544
City & State	City & State	Applied For
23	28 ST. AUGUSTINE, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29 32085	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30 USA	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DARLENE	1.2 NAME	DARLENE JACOBS
STREET ADDRESS	1340 AA SOUTH	1.3 STREET ADDRESS	223 223 MARSHIDE DR.
CITY-ST-ZIP	SAINT AUGUSTINE FL 32085	1.4 CITY-ST-ZIP	32084
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEASANT HEIRD, AMANITA	2.2 NAME	ROBERT GILL
STREET ADDRESS	1340 AA SOUTH	2.3 STREET ADDRESS	90 FOLSON LN.
CITY-ST-ZIP	SAINT AUGUSTINE FL 32085	2.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR HICKS, KIRSTIE	3.2 NAME	SCOTT J. SMITH
STREET ADDRESS	1340 AA SOUTH	3.3 STREET ADDRESS	546 LORING VILLAGE COURT
CITY-ST-ZIP	SAINT AUGUSTINE FL 32085	3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, SHERRI	4.2 NAME	SHERRI HANCOCK
STREET ADDRESS	1340 AA SOUTH	4.3 STREET ADDRESS	242 MARSHIDE DR
CITY-ST-ZIP	SAINT AUGUSTINE FL 32085	4.4 CITY-ST-ZIP	328 32084
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JON A. PUTZKE
STREET ADDRESS		5.3 STREET ADDRESS	1435 22ND AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	VERO BEACH, FL 32960
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 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: [Signature] 8/10/99 (561) 569-0132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)