

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750200 (8)

1. Corporation Name

THE FLORIDA SHAKESPEARE FESTIVAL, INC. AT THE CO
RAL GABLES PLAYHOUSE

Principal Place of Business

Mailing Address

~~2304 SALZEDO ST.~~
CORAL GABLES FL 33134

~~2304 SALZEDO ST.~~
CORAL GABLES FL 33134



2. Principal Place of Business	2a. Mailing Address
21 1200 Anastasia Ave. Suite, Apt. #, etc.	26 1200 Anastasia Ave. Suite, Apt. #, etc.
22 Coral Gables, Fla. City & State	27 Coral Gables Fla City & State
23 33134 Zip	28 33134 Zip
24 USA. Country	29 USA. Country

3. Date Incorporated or Qualified 12/13/1979	3a. Date of Last Report 01/23/1995
4. FEI Number 59-1972774	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECK, ELLEN
~~2304 SALZEDO ST.~~ 1200 Anastasia Ave
CORAL GABLES FL 33134

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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)

DATE

1/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURAK, BARRY DR.	1.2 NAME	Kiki Courtelis
STREET ADDRESS	8000 S.W. 67TH AVENUE	1.3 STREET ADDRESS	560 Warren Lane
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	Key Biscayne Fla 33149
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, ELLEN	2.2 NAME	Tim Fiske
STREET ADDRESS	2304 SALZEDO ST. 1200 ANASTASIA	2.3 STREET ADDRESS	2500 S.W. 3rd Ave
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Miami, Fla. 33129
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCVEIGH, ROSE	3.2 NAME	Sandra Fuller
STREET ADDRESS	2304 SALZEDO ST.	3.3 STREET ADDRESS	6895 S.W. 112 St.
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Miami Fla. 33156
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GETZ, JENNIFER	4.2 NAME	Kathleen Monahan
STREET ADDRESS	5420 S.W. 95TH TERRACE	4.3 STREET ADDRESS	4031 Kiera St.
CITY-ST-ZIP	MIAMI FL 33233	4.4 CITY-ST-ZIP	Coconut Grove Fla. 33133
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCVEIGH, ROSE	5.2 NAME	Gary Stein
STREET ADDRESS	6906 PRADO BLVD.	5.3 STREET ADDRESS	1 SE 3rd Ave
CITY-ST-ZIP	CORAL GABLES FL 33143	5.4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JOAN	6.2 NAME	
STREET ADDRESS	2600 N.W. 83RD AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33122	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (305) 446-1116
Date Daytime Phone #

CR2E037 (12/95)