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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723282** (0)

1. Corporation Name

SUNCOAST YOUNG PEOPLE'S THEATRE, INC

Principal Place of Business

Mailing Address

**6237 GRAND BOULEVARD
NEW PORT RICHEY FL 34652**

**6237 GRAND BOULEVARD
NEW PORT RICHEY FL 34652-2803**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1972	3a. Date of Last Report 01/31/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1406158	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$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 ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, RICHARD C JR
6337 GRAND BLVD
NEW PORT RICHEY FL 34652**

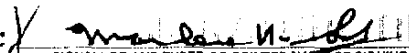
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNNE, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	10030 DOE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	
TITLE	VB ☐ DELETE	2.1 TITLE	President/Director ☒ Change ☐ Addition
NAME	LEBARON, BRUCE	2.2 NAME	
STREET ADDRESS	2016 CALUSA TR	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KANE, CANDY	3.2 NAME	
STREET ADDRESS	10030 DOE CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	3.4 CITY - ST - ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMAHAY, MARLENE	4.2 NAME	
STREET ADDRESS	9808 HERMOSILLO DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Vice President/Director ☐ Change ☒ Addition
NAME		5.2 NAME	Alma Scheuer
STREET ADDRESS		5.3 STREET ADDRESS	7632 Lake Forest Circle
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Port Richey, FL 34668
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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:  **Marlene Smahay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97
Date

813-842-6777
Daytime Phone * 0087836

CR2E037 (9/96)