2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 723282

1. Entity Name
SUNCOAST YOUNG PEOPLE'S THEATRE, INC

Principal Place of Business	Mailing Address
6237 GRAND BOULEVARD NEW PORT RICHEY, FL 34652	P.O. BOX 188 NEWPORT RICHEY, FL 34656-0188

DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1406158

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000183414
01/19/05-80066-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKELTON, CHARLES
STREET ADDRESS	6237 GRAND BLVD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VPD
NAME	SCHUER, ALMA
STREET ADDRESS	6237 GRAND BLVD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	TD
NAME	THIVENER, GIL
STREET ADDRESS	10640 OSCEOLA DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	SD
NAME	COAKLEY, JAMES
STREET ADDRESS	6237 GRAND BOULEVARD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CSkelton Pres Charles Skelton, President 1/12/05 727-842-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #