

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 # **762978**

(5)

1. Corporation Name

SHOESTRING THEATRE, INC.



Principal Place of Business

Mailing Address

380 S GOODWIN ST.
PO BOX 554
LAKE HELEN FL 32744
US

PO BOX 554
PO BOX 554
DELAND FL 32721
US

3. Date Incorporated or Qualified
04/26/1982

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, RICHARD W.
734 N. TUXEDO AVE.
DELAND FL 32724

81 Name

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE **P** ☐ Change ☐ Addition

NAME **AMMON, DON**
STREET ADDRESS **960 W. FRENCH AVE.**
CITY-ST-ZIP **ORANGE CITY FL**

1.2 NAME **Ron Sutton**
1.3 STREET ADDRESS **897 N. Leavitt Ave.**
1.4 CITY-ST-ZIP **Orange City, Fl**

TITLE **VP** ☒ DELETE

2.1 TITLE **JUDY S. REMINGTON** ☒ Change ☐ Addition

NAME **SAVINO, BELLINI**
STREET ADDRESS **250 N KENTUCKY AVE #19**
CITY-ST-ZIP **DELAND FL**

2.2 NAME **JUDY S. REMINGTON**
2.3 STREET ADDRESS **645 N. ORANGE AVE**
2.4 CITY-ST-ZIP **ORANGE CITY, FL. 32763**

TITLE **SD** ☒ DELETE

3.1 TITLE **S. D. V.P.** ☒ Change ☐ Addition

NAME **ANDERS, LORETTA**
STREET ADDRESS **1225 ARREDONDA GRANT RD**
CITY-ST-ZIP **DELEON SPRINGS FL**

3.2 NAME **FLORANCE THUOT**
3.3 STREET ADDRESS **1899 MERCERS FERNERY RD**
3.4 CITY-ST-ZIP **DELAND FL 32720**

TITLE **TD** ☐ DELETE

4.1 TITLE **D** ☐ Change ☐ Addition

NAME **MILLER, DAVID W.**
STREET ADDRESS **1236 W. NEW YORK**
CITY-ST-ZIP **DELAND FL**

4.2 NAME **BETTY ESTES**
4.3 STREET ADDRESS **426 W. WISCONSIN AVE**
4.4 CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ DELETE

5.1 TITLE **D** ☐ Change ☐ Addition

NAME **WOODARD, FRANCES**
STREET ADDRESS **1230 GLENWOOD RD.**
CITY-ST-ZIP **DELAND FL**

5.2 NAME **DOLORES FOSTER**
5.3 STREET ADDRESS **250 N. KENTUCKY AVE**
5.4 CITY-ST-ZIP **DELAND, FL 32724**

TITLE **D** ☐ DELETE

6.1 TITLE **D** ☐ Change ☐ Addition

NAME **HALISCAK, JANET**
STREET ADDRESS **169 N PREVATT AVE**
CITY-ST-ZIP **LAKE HELEN FL**

6.2 NAME **VICTORIA MATHIS**
6.3 STREET ADDRESS **411 E RICH AVE**
6.4 CITY-ST-ZIP **DELAND FL 32724**

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

Date

Daytime Phone #

CR2E037 (12/95)