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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USPO BOX 554
PO BOX 554
DELAND FL 32721-0554
US

2. Principal Place of Business

2a. Mailing Address

21 380 S. Goodwin St.

26 380 S. Goodwin St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 380 S. Goodwin St.

27 380 S. Goodwin St.

City & State

City & State

23 Lake Helen, Fl.

28 Lake Helen, Fl.

Zip

Country

Zip

Country

24 32744-2803 25 Volusia

29 32744-2803 30 Volusia

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME AMMON, DON
STREET ADDRESS 960 W. FRENCH AVE.
CITY-ST-ZIP ORANGE CITY FL1.1 TITLE D ☐ Change ☒ Addition1.2 NAME Pete Hanstine
1.3 STREET ADDRESS 169 N. Prevatt Ave.
1.4 CITY-ST-ZIP Lake Helen, Fl. 32744TITLE P ☐ DELETENAME SUTTON, RON
STREET ADDRESS 897 N. LEAVITT AVENUE
CITY-ST-ZIP ORANGE CITY FL2.1 TITLE D ☐ Change ☒ Addition2.2 NAME Robert Sollien
2.3 STREET ADDRESS 435 W. Wisconsin Ave.
2.4 CITY-ST-ZIP DeLand, Fl. 32720TITLE S ☐ DELETENAME REMINGTON, SUSAN
STREET ADDRESS 645 N ORANGE AVENUE
CITY-ST-ZIP ORANGE CITY FL3.1 TITLE D ☐ Change ☒ Addition3.2 NAME Dolores Foster
3.3 STREET ADDRESS 220 W. Howry Ave. #3
3.4 CITY-ST-ZIP DeLand, Fl. 32720TITLE TD ☐ DELETENAME MILLER, DAVID W.
STREET ADDRESS 1236 W. NEW YORK
CITY-ST-ZIP DELAND FL4.1 TITLE D ☐ Change ☒ Addition4.2 NAME Betty Estes
4.3 STREET ADDRESS 426 W. Wisconsin Ave.
4.4 CITY-ST-ZIP DeLand, Fl. 32720TITLE D ☐ DELETENAME WOODARD, FRANCES
STREET ADDRESS 1230 GLENWOOD RD.
CITY-ST-ZIP DELAND FL5.1 TITLE D ☐ Change ☒ Addition5.2 NAME Richard Allan
5.3 STREET ADDRESS 2791 Grammercy Dr.
5.4 CITY-ST-ZIP Deltona, Fl. 32738TITLE D ☒ DELETENAME HALISCAK, JANET
STREET ADDRESS 169 N PREVATT AVE
CITY-ST-ZIP LAKE HELEN FL6.1 TITLE V ☐ Change ☒ Addition6.2 NAME Janet Hanstine
6.3 STREET ADDRESS 169 N. Prevatt Ave.
6.4 CITY-ST-ZIP Lake Helen, Fl. 32744

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes, and 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:

DAVID W. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/97

Daytime Phone #

904-734-8764

CR2E037 (9/96)