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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762978 (5)
1. Corporation Name
SHOESTRING THEATRE, INC.



Principal Place of Business 380 S. GOODWIN ST. 380 S. GOODWIN ST. LAKE HELEN FL 32744-2803 US	Mailing Address 380 S. GOODWIN ST. 380 S. GOODWIN ST. LAKE HELEN FL 32744-2803 US
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3. Date Incorporated or Qualified
04/26/1982

4. FEI Number
59-6004241

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Zip 28
Country 24	Country 29
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMMON, DON	
STREET ADDRESS	980 W. FRENCH AVE.	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, RON	
STREET ADDRESS	897 N. LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REMINGTON, SUSAN	
STREET ADDRESS	645 N ORANGE AVENUE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, DAVID W.	
STREET ADDRESS	1236 W. NEW YORK	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODARD, FRANCES	
STREET ADDRESS	1230 GLENWOOD RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANSTINE, JANET	
STREET ADDRESS	109 N PREVATT AVE.	
CITY-ST-ZIP	LAKE HELEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Allan	
1.3 STREET ADDRESS	2791 Gramercy Dr.	
1.4 CITY-ST-ZIP	Deltona, Fl. 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ron Stafford	
2.3 STREET ADDRESS	339 Alemander Ave.	
2.4 CITY-ST-ZIP	DeBary, Fl. 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert K. Sollien	
3.3 STREET ADDRESS	435 W. Wisconsin Ave.	
3.4 CITY-ST-ZIP	DeLand, Fl. 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED

14. 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 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* **DAVID W. MILLER** 3/26/98 (111) 221-2711

CR2E037 (10/97)

SHOESTRING THEATRE, INC.

TELEPHONE (904) 228-3777

380 S. GOODWIN ST.
LAKE HELEN, FL. 32744

1998 Nonprofit Corporation Annual Report

Item 13, Changes to Officers & Directors

President

Dolores Foster
220 W. Howry Ave. Apt 3
DeLand, Fl. 32720

Secretary

Phoebe Johnson
1433 Hontoon Rd.
DeLand, Fl. 32724

Director

MIKE SCOTT
139 N. Boulevard Ct.
DeLand, Fl. 32720

Director

Peter Hanstine
169 N. Prevatt Ave.
Lake Helen, Fl. 32744