

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90106 037 ****61.25

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DOCUMENT # 762978

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/26/1982

4. FEI Number

59-6004241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PEARCE, RICHARD W.

~~724 N. TUXEDO AVE.~~ **701 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)

701 N TUXEDO AVE.

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

TITLE **D** ☒ DELETE
NAME **ALLAN, RICHARD**
STREET ADDRESS **2791 GRAMERCY DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☐ DELETE
NAME **STAFFORD, RON**
STREET ADDRESS **339 ALEMANDER AVE**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ DELETE
NAME **SOLLIER, ROBERT K**
STREET ADDRESS **435 W WISCONSIN AVE**
CITY-ST-ZIP **DELAND FL 32720**

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

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

TITLE **V** ☒ DELETE
NAME **HANSTINE, JANET**
STREET ADDRESS **169 N PREVATT AVE.**
CITY-ST-ZIP **LAKE HELEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
1.2 NAME **PETE HANSTINE**
1.3 STREET ADDRESS **169 N. PREVATT AV**
1.4 CITY-ST-ZIP **LAKE HELEN, FL 32744**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
6.2 NAME **MIKE SCOTT**
6.3 STREET ADDRESS **138 N. KENTUCKY AVE**
6.4 CITY-ST-ZIP **DELAND FL 32724**

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, with all other like empowered.

SIGNATURE: **David W. Miller** **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1999 (904) 234-8764

CR2E037 (11/98)