


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 042 ****61.25

DOCUMENT # 762978 1. Entity Name SHOESTRING THEATRE, INC.					
Principal Place of Business 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PEARCE, RICHARD W. 701 N TUXEDO AVE. DELAND, FL 32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FETTER, JIM 1513 CHAUCEY ST DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Cassese, Cyndi 2540 Albuty Ave. Deltona, Fl. 32738
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, RON 339 ALEMANDER AVE DEBARY, FL 32713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Markos, Jamie-Lyn 1573 S. Boundary Ave... DeLand, Fl. 32720-8428
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, WAYNE 860 TAPPAN CIRCLE ORANGE CITY, FL 327634852	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Markos, Jamie-Lyn 1573 S. Boundary Ave... DeLand, Fl. 32720-8428
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIKAL, CLIFF 1757 W BERESFORD AVE DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIKAL, CLIFF 1757 W BERESFORD AVE DELAND, FL 32724
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADDOUPS, TINA 311 W. NEW YORK AVE. LAKE HELEN, FL 327442423	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADDOUPS, TINA 311 W. NEW YORK AVE. LAKE HELEN, FL 327442423
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD LEE, MARSHALL 27 ROSE DOWN BLVD DEBARY, FL 327134110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD LEE, MARSHALL 27 ROSE DOWN BLVD DEBARY, FL 327134110
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Tina Waddoups (Vice Pres.)</i> 4/4/05 3862280582 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT# 762978
40050609

2005 UNIFORM BUSINESS REPORT
OFFICERS AND DIRECTORS (CONT.)

COL. 10

COL.11

D
Foster, Delores
334 N. Kentucky Ave.
DeLand, Fl. 32724

D
Patterson, Chris
3201 Phonetia Dr.
deltona, Fl. 32738

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

D
Sutton, Ron Delete
33 Lake Dr.
DeBary, Fl. 32713

D
Ammon, Don Delete
960 W. French Ave.
Orange City, Fl. 32763

D
Charnesky, Tonnie
1221 Stillwater Ave
Deltona, Fl.32725

PD
Daykin, Sally
1757 W. Beresford Ave
DeLand, Fl. 32724