2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
02-19-2008 90024 029 ****61.25

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1. Entity Name
SHOESTRING THEATRE, INC.

Principal Place of Business	Mailing Address
380 S GOODWIN ST. LAKE HELEN, FL 32744-2803 US	380 S. GOODWIN ST. 380 S. GOODWIN ST. LAKE HELEN, FL 32744-2803 US

66004467

01142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-6004241
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SNYDER, KATHY
STREET ADDRESS	912 VERCELLI STREET
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	STAFFORD, RON
STREET ADDRESS	339 ALEMANDER AVE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	D
NAME	FEDOR, DAVE
STREET ADDRESS	4510 AVDUBON AVE
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130
TITLE	TD
NAME	WEIKAL, CLIFF
STREET ADDRESS	1757 W BERESFORD AVE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VD
NAME	YADANZA, RACHEL
STREET ADDRESS	4106 HERON LAKES DRIVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	PPD
NAME	DAYKIN, SALLY
STREET ADDRESS	1757 W. BERESFORD ABE
CITY-ST-ZIP	DELAND, FL 32720

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cliff D. Weikal 3/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #