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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

764956

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THE EVERYDAY THEATER, INC.

FILED Jul 02 1998 8:00am Secretary of State

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Sulte, Apt. 4, etc. Sulte, Apt. 4, etc. Sulte, Apt. 6, etc. Sulte, Apt. 6, etc. State City & State City & State		lace of Business			5. Certificate of Status Desired	4
City & State 29	Sulte, Apt. #, etc.		Suite, Apt. #, etc.		_	
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Zip			— ·			
28	ZiD	Country		Country		
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent			29	30	•	
MCSHANE, TIMOTHY 2534 NW \$2ND AVENUE GAINESVILLE FL 32805 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip Code B5 City FL B6 Zip Code City FL B6 Zip Code City FL B7 Zip Code City FL B8 Zip City FL B8		9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
2534 NW \$2ND AVENUE GAINESVILE FL 32605 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE				81 Name		
GAINESVILE FL 32605 B4 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 agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Signature Signature byped or preted 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 PD DELETE 1.1 ITILE NAME MCSHANE, TIMOTHY STREET ADDRESS 2534 N.W. 52 AVE. GAINESVILLE FL 1.4 CITY-ST-ZIP TITLE D WCSHANE, NANCY 23 STREET ADDRESS (CITY-ST-ZIP GAINESVILLE FL 2.1 ITILE DELETE 3.1 TITLE 3.1				82 Street	Address (P.O. Box Number is Not Acceptable)	
T1. 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 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, and state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and steel if applicable. SIGNATURE Signature, typed or printed name of registered agent and steel if applicable. (NOTE Registered Agent signature required when revesteding) DATE					· · · · · · · · · · · · · · · · · · ·	
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 agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature	GAINES!	VILLE FL 32605		83		
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 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, 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 itemities with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am itemities with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, or both with and accept the appointment as registered agent. I am item for the purpose of change its registered agent, or both with any accept the appointment as registered agent. In the support agent and accept the appointment as registered agent. In the support agent agent and accept the appointment as registered agent. In the support agent agent as registered agent. In the support agent and accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. In the support agent and accept the appointment as registered agent. In the page agent and accept the appointment as registered agent. In the page agent and accept the appointment as registered agent. In the page agent and accept the appointment as registered agent. In the page agent and accept the appointm	1			84 City		85 Zip Code
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.44 L beyond coefficient the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3\(\)(i) Florida Statutes further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5355 PELICAN WAY	☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

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 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.

The Mc Ch. The How Mc Shape 6/20/98 352-376-4008