

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010417

FILED
May 06, 2005
Secretary of State

Entity Name: SHS ASSOCIATION FOR DRAMATIC ARTS, INC.

Current Principal Place of Business:

1000 S SCHOOL AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1000 S SCHOOL AVE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOERR, KENNETH D
240 S PINEAPPLE AVE, 10TH FLOOR
SARASOTA, FL 34236 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DWECK, MELISSA
Address: 8146 NATURES WAY, APT 21
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: ATHA, LORETTA
Address: 2825 SAVOY DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: GOFF, E. CARL
Address: PO BOX 2746
City-St-Zip: SARASOTA, FL 34230

Title: P () Delete
Name: WUJTOWICZ, MICHAEL
Address: 2066 OLD TRENTON LANE
City-St-Zip: SARASOTA, FL 34232

Title: V () Delete
Name: MARSHALL, LAURA
Address: 2619 SUNNYSIDE ST
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: MORROW, ROBIN
Address: 3841 RAVENWOOD PL
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WUJTOWICZ

P

05/06/2005

Electronic Signature of Signing Officer or Director

Date