

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N10425** (9)

1. Corporation Name  
**SHORES PLAYHOUSE INC.**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/09/1985</b>  | 3a. Date of Last Report<br><b>03/18/1994</b>   |
| 4. FEI Number<br><b>13-4095043</b>  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required   |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |                       |                                     |           |
|--|-----------------------|-------------------------------------|-----------|
| Principal Place of Business              |                       | Mailing Address                     |           |
| 483 EMERALD ROAD<br>OCALA FL 34472<br>US |                       | PO-BOX-7205<br>OCALA FL 34472<br>US |           |
| 2. Principal Place of Business           | 2a. Mailing Address   | 21                                  | 26        |
|  | <b>483 Emerald Rd</b> |                                     |           |
| Suite, Apt. #, etc.                      | Suite, Apt. #, etc.   | 22                                  | 27        |
|  |                       |                                     |           |
| City & State                             | City & State          | 23                                  | 28        |
|  | <b>Ocala, FL</b>      |                                     |           |
| Zip                                      | Country               | 24                                  | 29        |
|  |                       | <b>34472</b>                        | <b>US</b> |

9. Name and Address of Current Registered Agent

**CREWS, MONROE A  
483 EMERALD ROAD  
OCALA FL 34472**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>P</b>                    |
| NAME           | <b>DANCY, WILLIAM</b>       |
| STREET ADDRESS | <b>1950 SE 54TH TERRACE</b> |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>       |
| TITLE          | <b>V</b>                    |
| NAME           | <b>MILEIUS, JOSEF</b>       |
| STREET ADDRESS | <b>7 EMERALD WAY</b>        |
| CITY-ST-ZIP    | <b>OCALA FL 34472</b>       |
| TITLE          | <b>T</b>                    |
| NAME           | <b>CREWS, MONROE A</b>      |
| STREET ADDRESS | <b>PO BOX 114 PIA</b>       |
| CITY-ST-ZIP    | <b>OTTER CREEK FL</b>       |
| TITLE          | <b>S</b>                    |
| NAME           | <b>JANE DANCY,</b>          |
| STREET ADDRESS | <b>1950 SE 54TH TERRACE</b> |
| CITY-ST-ZIP    | <b>OCALA FL 34471</b>       |
| TITLE          | <b>D</b>                    |
| NAME           | <b>JEANNIE COX</b>          |
| STREET ADDRESS | <b>1952 SPRING TERRACE</b>  |
| CITY-ST-ZIP    | <b>OCALA FL 34472</b>       |
| TITLE          | <b>-VB-</b>                 |
| NAME           | <b>SCAVETTA, VITA</b>       |
| STREET ADDRESS | <b>505 SAPPHIRE LANE</b>    |
| CITY-ST-ZIP    | <b>OCALA FL</b>             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Roger Russell</b>        |  |
| 1.3 STREET ADDRESS | <b>5 Hickory Trail Terr</b> |  |
| 1.4 CITY-ST-ZIP    | <b>Ocala, FL 34472</b>      |  |
| 2.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Jeannie Cox</b>          |  |
| 2.3 STREET ADDRESS | <b>9316 Spring Terr</b>     |  |
| 2.4 CITY-ST-ZIP    | <b>Ocala, FL 34472</b>      |  |
| 3.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                             |  |
| 3.3 STREET ADDRESS |                             |  |
| 3.4 CITY-ST-ZIP    |                             |  |
| 4.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>Melanie Russell</b>      |  |
| 4.3 STREET ADDRESS | <b>5 Hickory Trail Terr</b> |  |
| 4.4 CITY-ST-ZIP    | <b>Ocala, FL 34472</b>      |  |
| 5.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Josef Mileius</b>        |  |
| 5.3 STREET ADDRESS | <b>7 Emerald Way</b>        |  |
| 5.4 CITY-ST-ZIP    | <b>Ocala, FL 34472</b>      |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>No other Directors</b>   |  |
| 6.3 STREET ADDRESS |                             |  |
| 6.4 CITY-ST-ZIP    |                             |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Monroe A. Crews** TREASURER Date: **1-21-95** District (Year): **904-392-5776**