

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N10425 (9)

1. Corporation Name

SHORES PLAYHOUSE INC.



Principal Place of Business

483 EMERALD ROAD  
OCALA FL 34472  
US

Mailing Address

483 EMERALD RD  
OCALA FL 34472  
US

3. Date Incorporated or Qualified  
07/09/1985

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-4095043

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREWS, MONROE A  
483 EMERALD ROAD  
OCALA FL 34472

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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 617.0503, Florida Statutes.

SIGNATURE *Monroe A. Crews*

Signature, typed or printed 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 P  
NAME RUSDAHL, ROGER  
STREET ADDRESS 5 HICKORY TRAIL TERR  
CITY-ST-ZIP Ocala FL ☒ DELETE

1.1 TITLE P  
1.2 NAME Josee Milcius  
1.3 STREET ADDRESS 7 Emerald Way  
1.4 CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

TITLE D  
NAME MILEKUS, JOSEE  
STREET ADDRESS 7 EMERALD WAY  
CITY-ST-ZIP Ocala FL ☒ DELETE

2.1 TITLE D  
2.2 NAME Carole Meacham  
2.3 STREET ADDRESS 1900 NW 114th Loop  
2.4 CITY-ST-ZIP Ocala, FL 34475 ☒ Change ☒ Addition

TITLE T  
NAME CREWS, MONROE A  
STREET ADDRESS PO BOX 114  
CITY-ST-ZIP OTTER CREEK FL ☐ DELETE

3.1 TITLE T  
3.2 NAME Monroe A. Crews  
3.3 STREET ADDRESS 483 Emerald Road  
3.4 CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

TITLE D  
NAME RUSDAHL, MELANIE  
STREET ADDRESS 5 HICKORY TRAIL TERR  
CITY-ST-ZIP Ocala FL ☒ DELETE

4.1 TITLE D  
4.2 NAME Vita Scavetta  
4.3 STREET ADDRESS 550 Sapphire Lane  
4.4 CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☒ Addition

TITLE D  
NAME JEANNIE COX  
STREET ADDRESS 9316 SPRING TERR  
CITY-ST-ZIP Ocala FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(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 617, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Monroe A. Crews, Secretary/Treasurer

1-18-96 352-392-8786  
Date Daytime Phone #

CR2E037 (12/95)