

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	4. FEI Number	Applied For
21	26	13-4095043	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSDAHL, ROGER	1.2 NAME	Josee Milcius
STREET ADDRESS	5 HICKORY TRAIL TERR	1.3 STREET ADDRESS	7 Emerald Way
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	Ocala, FL 34472
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILEJUS, JOSEE	2.2 NAME	Carole Meacham
STREET ADDRESS	7 EMERALD WAY	2.3 STREET ADDRESS	1900 NW 114th Loop
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	Ocala, FL 34475
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, MONROE A	3.2 NAME	Monroe A. Crews
STREET ADDRESS	PO BOX 114	3.3 STREET ADDRESS	483 Emerald Road
CITY - ST - ZIP	OTTER CREEK FL	3.4 CITY - ST - ZIP	Ocala, FL 34472
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSDAHL, MELANIE	4.2 NAME	Vita Scavetta
STREET ADDRESS	5 HICKORY TRAIL TERR	4.3 STREET ADDRESS	550 Sapphire Lane
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	Ocala, FL 34472
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNIE COX	5.2 NAME	
STREET ADDRESS	9316 SPRING TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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)