

**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	<b>13-4095043</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CREWS, MONROE A 483 EMERALD ROAD OCALA FL 34472</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSDAHL, ROGER</b>	1.2 NAME	<b>Josee Milcius</b>
STREET ADDRESS	<b>5 HICKORY TRAIL TERR</b>	1.3 STREET ADDRESS	<b>7 Emerald Way</b>
CITY - ST - ZIP	<b>OCALA FL</b>	1.4 CITY - ST - ZIP	<b>Ocala, FL 34472</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILEJUS, JOSEE</b>	2.2 NAME	<b>Carole Meacham</b>
STREET ADDRESS	<b>7 EMERALD WAY</b>	2.3 STREET ADDRESS	<b>1900 NW 114th Loop</b>
CITY - ST - ZIP	<b>OCALA FL</b>	2.4 CITY - ST - ZIP	<b>Ocala, FL 34475</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREWS, MONROE A</b>	3.2 NAME	<b>Monroe A. Crews</b>
STREET ADDRESS	<b>PO BOX 114</b>	3.3 STREET ADDRESS	<b>483 Emerald Road</b>
CITY - ST - ZIP	<b>OTTER CREEK FL</b>	3.4 CITY - ST - ZIP	<b>Ocala, FL 34472</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSDAHL, MELANIE</b>	4.2 NAME	<b>Vita Scavetta</b>
STREET ADDRESS	<b>5 HICKORY TRAIL TERR</b>	4.3 STREET ADDRESS	<b>550 Sapphire Lane</b>
CITY - ST - ZIP	<b>OCALA FL</b>	4.4 CITY - ST - ZIP	<b>Ocala, FL 34472</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEANNIE COX</b>	5.2 NAME	
STREET ADDRESS	<b>9316 SPRING TERR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	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* **1-18-96** **352-392-8786**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
**Monroe A. Crews, Secretary/Treasurer**

CR2E037 (12/95)