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Jan 09 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34472-3075 US

3. Date Incorporated or Qualified: 07/09/1985  
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27)  
4. FEI Number: 13-4095043  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

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

24. Zip (25) Country (29) Country (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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILCIUS, JOSEE	1.2 NAME	
STREET ADDRESS	7 EMERALD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEACHAM, CAROLE	2.2 NAME	
STREET ADDRESS	1900 NW 114TH LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, MONROE A	3.2 NAME	
STREET ADDRESS	483 EMERALD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVETTA, VITA	4.2 NAME	
STREET ADDRESS	550 SAPPHIRE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kathy Bortel
STREET ADDRESS		6.3 STREET ADDRESS	1229 NE 46th Ct
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ocala, FL 34470

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 MONROE A. CREWS 1-6-97 352-382-8444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065735

CR2E037 (9/96)