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Jan 09 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 Fees8. 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

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	DELETE
NAME	MILCIUS, JOSEE	
STREET ADDRESS	7 EMERALD WAY	
CITY-ST-ZIP	OCALA FL	
TITLE	B	DELETE
NAME	MEACHAM, CAROLE	
STREET ADDRESS	1900 NW 114TH LOOP	
CITY-ST-ZIP	OCALA FL	
TITLE	X	DELETE
NAME	CREWS, MONROE A	
STREET ADDRESS	483 EMERALD ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	DELETE
NAME	SCAVETTA, VITA	
STREET ADDRESS	550 SAPPHIRE LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	DELETE
NAME	JEANNIE COX	
STREET ADDRESS	9316 SPRING TERR	
CITY-ST-ZIP	OCALA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	T	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	P	Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	Change	Addition
6.2 NAME	Kathy Bortel		
6.3 STREET ADDRESS	1229 NE 46th Ct		
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

352-382-8444  
Daytime Phone # 0085735

CR2E037 (9/96)