

FILE NOW: FILING FEE IS \$61.25

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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
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 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 Fees

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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* 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)