


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90024 041 \*\*\*\*61.25

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|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N10425**  
 1. Corporation Name  
**SHORES PLAYHOUSE INC.**

|   |   |
|---|---|
| Principal Place of Business<br>483 EMERALD ROAD<br>OCALA FL 34472<br>US | Mailing Address<br>483 EMERALD RD<br>OCALA FL 34472<br>US |
|---|---|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date incorporated or Qualified<br>07/09/1985  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>13-4095043<br>Applied For <input type="checkbox"/><br>Not Applicable <input checked="" type="checkbox"/>                      |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>Trust Fund Contribution <input type="checkbox"/> |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>CREWS, MONROE A<br>483 EMERALD ROAD<br>OCALA FL 34472 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MILCIUS, JOSEE                               | 1.2 NAME  | Bill Meacham  |
| STREET ADDRESS             | 7 EMERALD WAY                                | 1.3 STREET ADDRESS                                    | 5935 NE 65th Street   |
| CITY-ST-ZIP                | OCALA FL                                     | 1.4 CITY-ST-ZIP                                       | Silver Springs, FL 34488  |
| TITLE                      | T <input type="checkbox"/> DELETE            | 2.1 TITLE   | D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | MEACHAM, CAROLE                              | 2.2 NAME  | Carole Meacham  |
| STREET ADDRESS             | 5935 NE 65TH STREET                          | 2.3 STREET ADDRESS                                    | 5935 NE 65th Street   |
| CITY-ST-ZIP                | SILVER SPRINGS FL 34488                      | 2.4 CITY-ST-ZIP                                       | Silver Springs, FL 34488  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | CREWS, MONROE A                              | 3.2 NAME  | Monroe A. Crews   |
| STREET ADDRESS             | 483 EMERALD ROAD                             | 3.3 STREET ADDRESS                                    | 483 Emerald Road  |
| CITY-ST-ZIP                | OCALA FL                                     | 3.4 CITY-ST-ZIP                                       | Ocala, FL 34472   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | SCAVETTA, VITA                               | 4.2 NAME  |   |
| STREET ADDRESS             | 550 SAPHIRE LANE                             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P <input checked="" 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                      | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | BAXTER, KATHY                                | 6.2 NAME  |   |
| STREET ADDRESS             | 1229 NE 46TH CT                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                                     | 6.4 CITY-ST-ZIP                                       |   |

14. I 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, with all other like empowered.

SIGNATURE: Carole Meacham **SIGNATURE REQUIRED** CAROLE MEACHAM 4/19/99 (352) 392-844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)