

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # N10425

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/09/1985

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

9. Name and Address of Current Registered Agent

CREWS, MONROE A
483 EMERALD ROAD
OCALA FL 34472

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **MILCIUS, JOSEE**
STREET ADDRESS **7 EMERALD WAY**
CITY-ST-ZIP **OCALA FL**

TITLE **T** ☐ DELETE

NAME **MEACHAM, CAROLE**
STREET ADDRESS **5935 NE 65TH STREET**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☐ 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 **P** ☒ DELETE

NAME **JEANNIE COX**
STREET ADDRESS **9316 SPRING TERR**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE

NAME **BAXTER, KATHY**
STREET ADDRESS **1229 NE 46TH CT**
CITY-ST-ZIP **OCALA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director

☐ Change ☒ Addition

1.2 NAME

Bill Meacham

1.3 STREET ADDRESS

5935 NE 65th Street

1.4 CITY-ST-ZIP

Silver Springs, FL 34488

2.1 TITLE

D/T

☒ Change ☐ Addition

2.2 NAME

Carole Meacham

2.3 STREET ADDRESS

5935 NE 65th Street

2.4 CITY-ST-ZIP

Silver Springs, FL 34488

3.1 TITLE

D/C

☒ Change ☐ Addition

3.2 NAME

Monroe A. Crews

3.3 STREET ADDRESS

483 Emerald Road

3.4 CITY-ST-ZIP

Ocala, FL 34472

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED CAROLE MEACHAM 4/19/99 (352) 392-844

0070405

CR2E037 (1/98)