


FILE NOW: FILING FEE IS \$61.25

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

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

0070405

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

**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	2a. Mailing Address 26	3. Date incorporated or Qualified 07/09/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-4095043
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>CREWS, MONROE A</b> <b>483 EMERALD ROAD</b> <b>OCALA FL 34472</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
---	---

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 SAPPHIRE 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)