FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:13

DOCUMENT # N11907 (5)

1. Corporation Name
THEATREWORKS OF SARASOTA, INC.

Principal Place of Business	Mailing Address
C/O ROBERT D. GANDER 1247 1ST STREET SARASOTA FL 34236	C/O GANDER, ROBERT, D. 1247 1ST STREET SARASOTA FL 34235 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1985
3a. Date of Last Report: 10/18/1994
4. FEI Number: 59-2604074 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

BLISS, DONNA
1247 1ST STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Carl Lerer
82 Street Address (P.O. Box Number is Not Acceptable): 1247 First Street
83
84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Carl Lerer CARL A LERER PRESIDENT 3/30/95
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	PF	1.1 TITLE	PF	☒ Change ☐ Addition
NAME	BLISS, DONNA	1.2 NAME	Carl Lerer	
STREET ADDRESS	7119 39TH LANE EAST, THE TRAILS	1.3 STREET ADDRESS	2602 Sunnyside Lane	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota Fl	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LERER, CARL	2.2 NAME		
STREET ADDRESS	2602 SUNNYSIDE ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	POPE, BRANT	3.2 NAME		
STREET ADDRESS	1006 PONDEROSA PINE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, PATRICIA S.	4.2 NAME		
STREET ADDRESS	1006 GLEGE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Patti L. Barger (Patti L. Barger - Director) 3/17/95 813-952-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018478