

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 ROBERT D. GANDER~~ **PATTI O'BERG**
~~C/O ROBERT D. GANDER~~ **PATTI O'BERG**
1247 1ST STREET
SARASOTA FL 34235
US

3. Date Incorporated or Qualified
11/05/1985

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **AS ABOVE**

26 **AS ABOVE**

4. FEI Number
59-2604074

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

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

~~LERER, CARL~~
1247 1ST STREET
SARASOTA FL 34236

81 Name **YVONNE DOLLARD**

82 Street Address (P.O. Box Number is Not Acceptable)
1247 FIRST STR.

83

84 City **SARASOTA**

FL

85 Zip Code **34236**

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

Yvonne Dollard, Secretary

May 10, 1996

Signature, typed or printed name of registered agent and title if applicable

(Not E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PF** ☐ DELETE
NAME **LERER, CARL**
STREET ADDRESS **2602 SUNNYSIDE LANE**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **CARL LERER**
1.3 STREET ADDRESS **2602 SUNNYSIDE**
1.4 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **VD** ☒ DELETE
NAME **LERER, CARL**
STREET ADDRESS **2602 SUNNYSIDE ST.**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **PATTI O'BERG, VICE PRES** ☒ Change ☐ Addition
2.2 NAME **PATTI O'BERG**
2.3 STREET ADDRESS **2300 HILLYVIEW**
2.4 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **SD** ☒ DELETE
NAME **POPE, BRANT**
STREET ADDRESS **1008 PONDEROSA PINE LANE**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **YVONNE DOLLARD** ☒ Change ☐ Addition
3.2 NAME **YVONNE DOLLARD**
3.3 STREET ADDRESS **2388 BURTON LANE**
3.4 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **SMITH, PATRICIA S.** ☐ DELETE
NAME **SMITH, PATRICIA S.**
STREET ADDRESS **1008 GLEGE LANE**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **2000018658** ☐ Change ☐ Addition
5.2 NAME **-06/18/96--01133--008**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Yvonne Dollard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

5/10/96
Daytime Phone #

CR2E037 (12/95)