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

APPROVED AND FILED

95 MAY -1 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # N30352 (1)

1. Corporation Name

ORLANDO SHAKESPEARE FESTIVAL, INC.

Principal Place of Business	Mailing Address
30 SO. MAGNOLIA SUITE 250 ORLANDO, FL 32801 US	30 SO. MAGNOLIA SUITE 250 ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report:
4. FEI Number: 59-293 1698 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 201 E. Pine Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: Suite 1200
City & State 23	City & State 28: Orlando, FL
Zip 24 / County 25	Zip 29: 32801 / County 30: U.S.A.

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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOYLES, WILLIAM A. 201 E. PINE STREET SUITE 1200 ORLANDO, FL 32801	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 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 _____ DATE
(Signature, typed or printed name of registered agent, and the capacity/title) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DELETE	☒ Change ☐ Addition
NAME	BRECHNER, MARION	12 NAME		
STREET ADDRESS	1712 BARCELONA WAY	13 STREET ADDRESS		
CITY ST ZIP	WINTER PARK, FL	14 CITY ST ZIP		
TITLE	D/V	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	DARDEN, RICHARD	22 NAME		
STREET ADDRESS	1240 GLENCREST DRIVE	23 STREET ADDRESS		
CITY ST ZIP	LAKE MARY, FL	24 CITY ST ZIP		
TITLE	D/V	31 TITLE	D	☒ Change ☐ Addition
NAME	BOYLES, BILL	32 NAME		
STREET ADDRESS	201 E. PINE ST.	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO, FL	34 CITY ST ZIP		
TITLE	P/D	41 TITLE	D/C	☒ Change ☐ Addition
NAME	LOWNDES, RITA	42 NAME	900001477249 -05/05/95--01048--015 *****61.25 *****61.25	
STREET ADDRESS	1308 GREEN COVE ROAD	43 STREET ADDRESS		
CITY ST ZIP	WINTER PARK, FL	44 CITY ST ZIP		
TITLE	S/D	51 TITLE	D	☒ Change ☐ Addition
NAME	COLBURN, TREVOR	52 NAME		
STREET ADDRESS	207 RANCH ROAD	53 STREET ADDRESS		
CITY ST ZIP	WINTER PARK, FL	54 CITY ST ZIP		
TITLE	D/T	61 TITLE	D/P	☒ Change ☐ Addition
NAME	FENDER, GEORGE	62 NAME		
STREET ADDRESS	111 N. ORANGE AVE., #1100	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO, FL	64 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 the 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: George J. Boyle
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

4/28/1995
Date

407-425-4636
Daytime Phone #

(N)

1995 CORPORATION ANNUAL REPORT

ORLANDO SHAKESPEARE FESTIVAL, INC.
DOCUMENT #N30352

13. **ADDITIONS** TO OFFICERS AND DIRECTORS IN 12

TITLE:	D/S	TITLE:	D/VP
NAME:	Theresa A. Brockman	NAME:	Leisa Youel, M.D.
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE:	D/VP	TITLE:	D/T
NAME:	Gary Spivey	NAME:	Linda Linsey
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE:	D	TITLE:	D
NAME:	Stuart Omans	NAME:	David Friedersdorf
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE:	D	TITLE:	D
NAME:	Jim Heekin	NAME:	Rosemary O'Shea
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE:	D	TITLE:	D
NAME:	Gary Whitehouse	NAME:	Suzanne M. Fradette
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE:	D	TITLE:	D
NAME:	Lydia Gardner	NAME:	Marilyn Goldman
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE:	D	TITLE:	D
NAME:	Kathryn Grammer	NAME:	Dennis Barward
STREET ADDRESS:	30 South Magnolia	STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801	CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Stuart L. Hodes
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Kim Hursh
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801

TITLE:	D
NAME:	Donna Miller
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801

TITLE:	D
NAME:	Lisa Mason
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801

TITLE:	D
NAME:	Gary Ramsey
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801

TITLE:	D
NAME:	Mark Schiebler, M.D.
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP:	Orlando, FL 32801

TITLE:	D
NAME:	David Sisemore
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Frank Bolt
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Mark Kellum
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Michael Morman
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Leslie O'Neal
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Eric Rosoff
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801

TITLE:	D
NAME:	Joanne Serros
STREET ADDRESS:	30 South Magnolia
CITY-ST-ZIP	Orlando, FL 32801