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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N30352 (1)

ORLANDO SHAKESPEARE FESTIVAL, INC.							
Principal Place of Business		Mailing Address				IIAI AIAII AIAis BIEIS Asusi (11811 B1811 18W1
30 SO. MAGNOLIA SUITE 250 ORLANDO FL 32801		201 E. PINE ST. STE. 1200 ORI ANDO EL 328					
US	TE SESSI		•		3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last F 05/01/19	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number 59-2931698	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & St	ate	City & State		.,	6. Election Campaign Financing	\$5.00	May Be
23 [Z ₁ p	Country	28 Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	9. Name and Address of Current Registered Agent		30	Florida Statutes			
	9. Name and Address of Cu	rrent Hegistereo Agent	8	1 Name	To. Name and Address of New Tie	gistored regain	
BOYL	ES, WILLIAM A.		8		dress (P.O. Box Number is Not Acceptable)	
201 E. PINE STREET . SUITE 1200			8	800001747918			
	: 1200 NDO FL 32801		<u> </u>		-03/18/960113	32009	0 1
				4 City	***61.25	FL []	Code
11. Pursuar or regis familiar	nt to the provisions of Sections 617.0 stered agent, or both, in the State of with, and accept the obligations of,	0502 and 617.1508, Florida S Florida. Such change was au Section 617.0503, Florida Sta	Statutes, the above thorized by the co stutes.	-named corpor rporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its re ntment as registered i	igistered office agent. I am
SIGNATURE	Signature, typeo or printed name of registereo	agent and title if applicable.	(NOTE Registered A	gent signature requ	red when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
THLE	DV	∑ DELETE	1.1 T(TL)	: "	DY	Change	☐ Addition
NAME	BOYLES, BILL		1.2 NAM		David Friedersdorf		
STREET ADDRES			1.3 STR		30 S. Magnolia, Suite 250		
CITY - ST - ZIP	ORLANDO FL	Horien			Orlando, Florida 32801	Change	Addition
TITLE	DP	PUDELETI		!	DP Linda Lindsey	(M Cristings	€ Nantion
NAME	LOWNDES, RITA	D.	2 2 NAM	'`	30 S. Magnolia, Suite 250		
STREET ADDRES	1000 00100011	ט		EI AUDHESS	Orlando, FL 32801		
CITY-ST-ZIP	WINTER PARK FL SD	DELET		1-31-71	DY	(X) Change	Addition
NAME	COLBOURN, TREVOR	Α	32 NAM		Teresa Colling		
STREET ADDRES			3.3 STR	EET ADDRESS	30 S. Magnolia, Suite 250		
CITY-ST-ZIP	WINTER PARK FL		3.4. CIT	Y-ST-ZIP	Orlando, Florida 32801		
TITLE	DT	□DELET	4.1 T(TL	E	D -	Change	☐ Addition
NAME	FENDER, GEORGE		4. 2 NA/		George Fender		
STREET ADDRES	SS 111 N ORANGE AVE #1	100	4.3 STR	I	111 N. Orange Ave, #1100		
CITY-ST-ZIP	ORLANDO FL				Orlando, Florida	Change	Addition
THILE		DELET			ST		AT MODITION
NAME			5.2 NAN	- 1	Sezanne Fradette		
STREET ADDRES	SS			ŀ	30 S. Magnolia, Suite 250		
CITY-ST-2IP TITLE		DELET		- I	Orlando, Florida 32801	☐ Change	X Addition
NAME			62 NAN	TE	DS Leslie King O'Neal		
STREET ADDRES	SS		L	EET ADDRESS	30 S. Magnolia, Suite 250		
CITY OF 710			6.4.017	(-SI-7IP	Orlando, Florida 32801		
14. I do he certify to	that the information indicated on this	annual report or supplement corporation or the receiver or	al annual réport is trustee empowere	true and accu	y for the exemption stated in Section 119.0 urate end that my signature shall have the this report as required by Chapter 617, Flo	same legal ellegt as il	made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR