## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

30 SO. MAGNOLIA SUITE 250

ORLANDO FL 32801



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N30352

1. Corporation Name

(1)

Mailing Address 201 E. PINE ST.

ORLANDO FL 32801-2725

STE. 1200

ORLANDO SHAKESPEARE FESTIVAL, INC.

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For		
21		26		59-2931698		Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & State		City & State	City & State		6. Efection Campaign Financing	\$5.0	O May Be	
23	28				Trust Fund Contribution	☐ Adde	ed to Fees	
Zip	han han han		Country		<ol> <li>This corporation has tiability for intangible tax under s. 199.032, Florida Statutes  Yes</li></ol>			
24 25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
9, Name and Address of Current Registered Agent 10. Name								
DOVEC MULIALA								
BOYLES, WILLIAM A. 201 E. PINE STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1200			83	83				
ORLANDO FL 32801								
OUDWINDO LE 25001			84	City		FL  85   Zi	ip Code	
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statute	s the above	e-named corp	oration submits this statement for the p		a its registered	
office or re	egistered agent, or both, in the State o	if Florida. Such change was a	uthorized by	the corporati	ion's board of directors. I hereby accep	ot the appointment	as registered	
•	m familiar with, and accept the obligat	ions of, Section 617.0503, Flo	rida Statutes	S.				
SIGNATURE _	Signature typed or printed hame of registored agent	and title if applicable. (NOTE	: Registered Ape	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	X DELETE	1.1 TITLE	·	***	Chang	ge 🗶 Addition	
NAME	FRIEDERSDORF, DAVID 12		1.2 NAME		Sucher, Cynthia	•		
STREET ADDRESS	30 \$ MAGNOLIA SUITE 250		1.3 STREET	3 STREET ADDRESS 30 S. Magnolia Ave. Ste 250				
CITY-ST-ZIP	ORLANDO FL 32801		14 CiTY-S	T-2IP	Orlando, FL 32801			
TITLE			2.1 TITLE		T	Chang	ge 🔼 Addition	
NAME	LINDSEY, LINDA		2.2 NAME		Nancy Fradette			
STREET ADDRESS			2.3 STREET	ADDRESS 3	30 S. Magnolia Ave, Ste 250			
CHY-ST-ZIP			2. 4 CITY-	ST-ZIP C	Orlando, FL 32801			
TITLE	VD	☐ DELETE	3.1 TITLE		S	☐ Chang	ge 🔀 Addition	
NAME	COLLING, TERESA		3.2 NAME	į	Paul S. Quinn, Jr.			
STREET ADDRESS	30 S MAGNOLIA SUITE 250		3.3 STREET	ADDRESS	30 S Marmolia Ave, S	te 250		
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY-	31 - ZIP	rlando FL 32801			
TITLE	D	X DELETE	4.1 TITLE	`		Chang	ge L. Addition	
NAME	FENDER, GEORGE		4. 2 NAME					
STREET ADDRESS	111 N ORANGE AVE #1100		4.3 STREET	ADDRESS				
CITY-ST-7IP	ORLANDO FL		4.4 CITY-S	T- ZIP				
FITLE	•		5.1 TITLE	1		Chang	ge	
NAME	FRADETTE, SEZANNE		52 NAME	}				
STREET ADDRESS	30 S MAGNOLIA SUITE 250		5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				
TITLE			6.1 TITLE			Chang	ge 🔲 Addition	
NAME	O'NEAL, LESUE K		6.2 NAME	ļ				
STREET ADDRESS	30 S MAGNOLIA SUITE 250		6.3 STREET	ADDRESS				
CiTY-ST-ZIP	ORLANDO FL 32801		6.4 CITY-S					
14. I do heret	by certify that the information supplied on indicated on this annual report or sufficer or director of the percention or the	with this filing does not qualiful toplemental annual report is true to appropriate the respiratory and th	ue and acci	emption stated urate and that	I in Section 119.07(3)(i), Florida Statute my signature shall have the same legan dies required by Chapter 617. Florida S	is. I further certify that effect as if made	nat the under oath; that	

LINDA LINDSEY, PRESIDER

Dayline Phone # 0016014

**FILED** 

Mar 04 1997 8:00am

Secretary of State

3a. Date of Last Report 03/18/1996

3. Date incorporated or Qualified 01/26/1989