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 JUN -6 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44555 (3)

1. Corporation Name

THE PELICAN PLAYERS COMMUNITY THEATRE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3770 19TH AVE. SW NAPLES FL 33964	3770 19TH AVE. SW NAPLES FL 33964

3. Date Incorporated or Qualified: 08/07/1991

3a. Date of Last Report: 04/25/1994

4. FEI Number: 65-0138838 ☐ Applied For ☐ Not Applicable

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:

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

9. Name and Address of Current Registered Agent

LANHAM, JOHN A.
3770 19TH AVE. SW
NAPLES FL 33964

10. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	LANHAM, JOHN A.	1.2 NAME		
STREET ADDRESS	3770 19TH AVE. SW	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	LANHAM, CAROL N	2.2 NAME	Resigned - Please Delete	
STREET ADDRESS	717 COVINGTON AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN KY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, KAREN T.	3.2 NAME		
STREET ADDRESS	6141-19 PELICAN BAY BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☑ Change ☐ Addition
NAME	BRODY, BJ	4.2 NAME		
STREET ADDRESS	141-D CYPRESS WAY, E.	4.3 STREET ADDRESS	129 Erie Dr	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WAWZYNIAK, CHRISTINE	5.2 NAME		
STREET ADDRESS	11663 SWIFT CT.	5.3 STREET ADDRESS	BR 7/7	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	ELAINE BARAN	
STREET ADDRESS		6.3 STREET ADDRESS	10364 QUAIL CROWN DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES FL 33999	

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 on an attachment with an address.

SIGNATURE: John A Lanham John A Lanham 1/18/95 813-455-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041930