

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44555** (3)
1. Corporation Name
THE PELICAN PLAYERS COMMUNITY THEATRE, INC.

Principal Place of Business 10364 QUAIL CROWN DR NAPLES FL 34119	Mailing Address 10364 QUAIL CROWN DR NAPLES FL 34119
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2. Principal Place of Business 21 3032 SANDPIPER BAY Cir		2a. Mailing Address 26 3032 Sandpiper Bay Cir		3. Date Incorporated or Qualified 08/07/1991	
Suite, Apt. #, etc 22 G301		Suite, Apt. #, etc 27 G301		4. FEI Number 65-0138838	
City & State 23 NAPLES FL		City & State 28 NAPLES FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34112		Zip 29 34112		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LANHAM, JOHN 10364 QUAIL CROWN DR NAPLES FL 34119				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 3032 Sandpiper Bay Cir	
				83 G301	
				84 City NAPLES FL 85 Zip Code 34112	
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANHAM, JOHN	1.2 NAME	
STREET ADDRESS	10364 QUAIL CROWN DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34119	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODY, B J	2.2 NAME	
STREET ADDRESS	129 ERIC DR	2.3 STREET ADDRESS	129 Erie Dr
CITY - ST - ZIP	NAPLES FL 34110	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAN, ELAINE	3.2 NAME	
STREET ADDRESS	1515 YORKTOWN DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE GA 30043	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODY, B J	4.2 NAME	
STREET ADDRESS	129 ERIC DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KAREN T. BARTLETT
STREET ADDRESS		5.3 STREET ADDRESS	6141 Pelican Bay Blvd #19
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NAPLES FL 34108
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. LANHAM

4/27/98

941-775-8745

Date

Daytime Phone: # 0062305

CR2E037 (10/97)