FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N44555**

THE PELICAN PLAYERS COMMUNITY THEATRE, INC.

Principal Place of Business					
3032 SANDPIPER BAY CIR G301					
NAPLES FL 34112					

3032 SANDPIPER BAY CIR STE G301 NAPLES FL 34112

Mailing Address

FILED Mar 11, 1999 8:00 am § Secretary of State

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US		Ų	\$			
0.01.1.1.00	4 D viscos	22	Mailing Address			3. Date Incorporated or Qualifed
	ace of Business	26	. Walling Address			08/07/1991
21 Suite, Apt.	#. etc.	201	Suite, Apt. #, etc.			4. FEI Number Applied For
22	.,	27				65-0138838 Not Applicable
City & State	9		City & State			5. Certificate of Status Desired \$8.75 Additional
23		28				Fee Required
Zip	Country	Ь	Zìp	Country	•	6. Election Campaign Financing \$5.00 May Be
24	25	29	30	<u>'l</u>		Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Regis	stered Agent	81	Name	
			•],,		
Lanham,	JOHN			82	Street	Address (P.O. Box Number is Not Acceptable) 3 2 SAND (IPEC BAY G, G30)
3032 SAN	DPIPER BAY T			83	507	DZ SANDITER EARY G, GOT
G 301				63		
NAPLES F	L 34119			84	City	A A-O I ES EI 85 Zip Code 2
	(0 11 047 0500		AT AFOO FILES CANADA	Ahn ahau	0.00000	d corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	Flon	da. Such change was auth	onzed by	tne corp	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ns of	f, Section 617.0503, Florida	Statutes	3.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTE: Rec	gistered Age	nt signature r	required when reinstating) DATE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	-	☐ DELETE	1,1 TITLE		
NAME	LANHAM, JOHN			1.2 NAME		2022 Sample Bay Cic G301
STREET ADDRESS	10364 QUAIL CROWN DR			1.3 STREE	T ADDRESS	3032 SANDPIPER BAY CIT, G301
CITY-ST-ZIP	NAPLES FL 34119			1.4 CITY+9	T-ZIP	NAPLES FL 34112
TITLE	D		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRODY, B J			2.2 NAME		
STREET ADDRESS	129 ERIE DR			2.3 STREE	T ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110			2.4 CITY-1	ST-ZIP ~	
TITLE	D		☐ DELETE	3.1 TITLE		Addition
NAME	Bartlett, Karen T			3.2 NAME		(411 Palean Bay Blvd. #19
STREET ADDRESS	641 PELICAN BAY BOVD STE 19)	Ì		TADDRESS	NAPLES FL 34108
CITY-ST-ZIP	NAPLES FL 34108			3.4. CITY-	ST-ZIP	NAPUES PL 34108
TITLE			☐ DELETE	4.1 TITLE		Ti cusude Ti wounce
NAME				4. 2 NAME		
STREET ADDRESS					T ADDRESS	5
CITY-ST-ZIP			□ NELETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 TITLE		
NAME				5.2 NAME	TADDRESS	,
STREET ADDRESS				5.3 STREE		7
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	· .,		□ nere ie	6.2 NAME		
NAME	·				TADDOSCO	
STREET ADDRESS				6.3 STREE	T ADDRESS	·
OTTA OT ZID				■ 0.4 CHIY-3	1-21P	1 2

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 attactyrient with an address, with all other like empowered.

SIGNATURE: