

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004817 (3)**

1. Corporation Name

**SARASOTA POETRY THEATRE, INC.**



Principal Place of Business

**4708 PINE HARRIER DR.  
SARASOTA FL 34231**

Mailing Address

**P.O. BOX 25371  
SARASOTA FL 34277**

3. Date Incorporated or Qualified  
**10/25/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1620 Boathouse Circle**

**26 P.O. Box 48955**

4. FEI Number

**65-0457672**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 G-201**

**27**

City & State

City & State

**23 Sarasota, Florida**

**28 Sarasota, FL**

Zip

Country

Zip

Country

**24 34231**

**25 Sarasota**

**29 34230-6955**

**30 Sarasota**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPRING, JUSTIN  
4708 PINE HARRIER DR.  
SARASOTA FL 34231**

81 Name

**Spring, Justin**

82 Street Address (P.O. Box Number is Not Acceptable)

**1620 Boathouse Circle G-201**

83

84 City

**Sarasota**

**FL**

85 Zip Code

**34231**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required on reinstating)

DATE

*[Signature]*

**Justin Spring PD**

**March 11 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SPRING, JUSTIN**  
STREET ADDRESS **4708 PINE HARRIER DR.**  
CITY-ST-ZIP **SARASOTA FL 34231**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **SPRING, JUSTIN**  
1.3 STREET ADDRESS **1620 Boathouse Circle, G-201**  
1.4 CITY-ST-ZIP **Sarasota, Florida 34231**

TITLE **VD** ☐ DELETE  
NAME **LISCOUBE, CILLA**  
STREET ADDRESS **1508 OAK HAMMOCK ROAD**  
CITY-ST-ZIP **SARASOTA FL 34203**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **LISCOMBE, CILLA**  
2.3 STREET ADDRESS **535 Columbia Court**  
2.4 CITY-ST-ZIP **Sarasota, Florida 34236**

TITLE **SD** ☒ DELETE  
NAME **DRILLING, GARY**  
STREET ADDRESS **4708 PINE HARRIER DR.**  
CITY-ST-ZIP **SARASOTA FL 34231**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **NOTESTEIN, JACK**  
3.3 STREET ADDRESS **543 Columbia Court**  
3.4 CITY-ST-ZIP **Sarasota, Florida 34236**

TITLE **TD** ☒ DELETE  
NAME **LEVINS, NANCY**  
STREET ADDRESS **5319 11TH ST. CIRCLE EAST**  
CITY-ST-ZIP **SARASOTA FL 34231**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **DONN ROLL**  
4.3 STREET ADDRESS **811 School Ave. S.**  
4.4 CITY-ST-ZIP **Sarasota, Florida 34231**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **John H. Brown**  
5.3 STREET ADDRESS **2200 Avenue B**  
5.4 CITY-ST-ZIP **Bradenton Beach, FL 33510**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]* **CILLA LISCOMBE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 11 1996 941 366 6465**  
Date Daytime Phone #

CR2E037 (12/95)