


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000004817 (3)**

1. Corporation Name

**SARASOTA POETRY THEATRE, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1620 BOATHOUSE CIRCLE<br/>G-201<br/>SARASOTA FL 34231<br/>US</b> | Mailing Address<br><b>PO BOX 48955<br/>SARASOTA FL 34230-5955<br/>US</b> |
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|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/25/1993</b> | 3a. Date of Last Report<br><b>03/14/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>25</b> Suite, Apt. #, etc.<br><b>26</b> City & State<br><b>27</b> Zip<br><b>28</b> Country |
|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0457672</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>SPRING, JUSTIN<br/>1620 BOATHOUSE CIRCLE, G-201<br/>SARASOTA FL 34231</b> |  |
|---|--|

|  |                              |
|--|------------------------------|
| 10. Name and Address of New Registered Agent                 |                              |
| <b>81</b> Name   |                              |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                              |
| <b>83</b>  |                              |
| <b>84</b> City   | <b>FL</b> <b>85</b> Zip Code |

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 |   |
|----------------------------|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE           |
| NAME                       | <b>SPRING, JUSTIN</b>                               |
| STREET ADDRESS             | <b>1620 BOATHOUSE CIRCLE, G-201</b>                 |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE           |
| NAME                       | <b>LISCOUBE, CILLA</b>                              |
| STREET ADDRESS             | <b>535 COLUMBIA COURT</b>                           |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE           |
| NAME                       | <b>NOTESTEIN, JACK</b>                              |
| STREET ADDRESS             | <b>543 COLUMBIA COURT</b>                           |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE           |
| NAME                       | <b>ROLL, DONN</b>                                   |
| STREET ADDRESS             | <b>811 SCHOOL AVE S</b>                             |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>BROWN, JOHN H.</b>                               |
| STREET ADDRESS             | <b>2200 AVE B</b>                                   |
| CITY-ST-ZIP                | <b>BRADENTON BCH FL</b>                             |
| TITLE                      | <input type="checkbox"/> DELETE                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>Scylla Liscombe</b>   |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | <b>Donn Roll</b>   |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | <b>Kathleen Miner</b>  |
| 5.3 STREET ADDRESS                                    | <b>3216 Tanglewood</b>   |
| 5.4 CITY-ST-ZIP                                       | <b>Sarasota, FL 34239</b>  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME  | <b>Michael Miner</b>   |
| 6.3 STREET ADDRESS                                    | <b>3216 Tanglewood</b>   |
| 6.4 CITY-ST-ZIP                                       | <b>Sarasota, FL 34239</b>  |

14. I do 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 \_\_\_\_\_ 4/2/97 9/11/11/14/5

CR2E037 (9/96)