

FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1620 BOATHOUSE CIRCLE G-201 SARASOTA FL 34231 US

Mailing Address: PO BOX 48955 SARASOTA FL 34230-6955 US

2. Principal Place of Business (21-23) and Mailing Address (24-26) details.

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

4. FEI Number: 65-0457672

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: SPRING, JUSTIN 1620 BOATHOUSE CIRCLE, G-201 SARASOTA FL 34231

10. Name and Address of New Registered Agent (81-85)

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	SPRING, JUSTIN	1.2 NAME	
STREET ADDRESS	1620 BOATHOUSE CIRCLE, G-201	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISOMBE, SCYLLA	2.2 NAME	LISCOMBE,
STREET ADDRESS	535 COLUMBIA COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTESTEIN, JACK	3.2 NAME	TD
STREET ADDRESS	643 COLUMBIA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLL, DONN	4.2 NAME	Robert SD Giordano
STREET ADDRESS	811 SCHOOL AVE S	4.3 STREET ADDRESS	1646 S. Orange Ave.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, Florida 34239
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINER, KATHLEEN	5.2 NAME	Eric Wachsmen
STREET ADDRESS	3216 TANGLEWOOD	5.3 STREET ADDRESS	5521 Calle del Verano
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, Florida
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, MICHAEL	6.2 NAME	
STREET ADDRESS	3216 TANGLEWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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: SCYLLA LISCOMBE VD, JACK NOTESTEIN SD, DONN ROLL D, KATHLEEN MINER TD, MICHAEL MINER D

CR2E037 (10/97)