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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001598 (1)

1. Corporation Name

THE NAPLES PLAYERS THEATRE GUILD, INC.



Principal Place of Business

Mailing Address

399 GOODLETTE ROAD SOUTH
NAPLES FL 33940399 GOODLETTE ROAD SOUTH
NAPLES FL 34102-64433. Date Incorporated or Qualified
03/28/19943a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARNELL, MARY A
5551 RIDGEWOOD DR.
SUITE 201
NAPLES FL 33963

81 Name

Richard Hydeman

82

Street Address (P.O. Box Number is Not Acceptable)
160 3rd Ave S

83

84

City Naples

FL

85

Zip Code
34102

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

Richard Hydeman

Richard Hydeman

14 Feb 1997

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME PEASLEE, JEAN M
STREET ADDRESS 4401 GULF SHORE BLVD., N., APT. 1501
CITY-ST-ZIP NAPLES FL 33940TITLE D ☐ DELETENAME HYDEMAN, RICHARD
STREET ADDRESS 160 3RD AVE. S.
CITY-ST-ZIP NAPLES FL 33940TITLE D ☒ DELETENAME ABERNATHY, KENNETH L
STREET ADDRESS 4200 BELAIR LANE, APT. 108
CITY-ST-ZIP NAPLES FL 33940-3179TITLE D ☐ DELETENAME HYDEMAN, BETTY L
STREET ADDRESS 160 3RD AVE. S.
CITY-ST-ZIP NAPLES FL 33940TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE D ☐ Change ☐ Addition1.2 NAME Mary Jane Gracely
1.3 STREET ADDRESS 205 Third Ave North
1.4 CITY-ST-ZIP Naples, FL 341022.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Mary Jane Gracely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Jane Gracely

14 Feb 1997

Date

Daytime Phone # 0066682

CR2E037 (9/96)