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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001598 (1)
1. Corporation Name
THE NAPLES PLAYERS THEATRE GUILD, INC.

Principal Place of Business 399 GOODLETTE ROAD SOUTH NAPLES FL 33940	Mailing Address 399 GOODLETTE ROAD SOUTH NAPLES FL 33940
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3. Date Incorporated or Qualified 03/28/1994	
4. FEI Number 59-6154976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**RICHARD HYDEMAN
160 3RD AVE S
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY JANE GRACELY	1.2 NAME	MARY JANE GRACELY
STREET ADDRESS	201 THIRD AVE NORTH	1.3 STREET ADDRESS	205 THIRD AVE NORTH
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDEMAN, RICHARD	2.2 NAME	HYDEMAN, RICHARD
STREET ADDRESS	160 3RD AVE. S.	2.3 STREET ADDRESS	160 3RD AVE. S.
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABERNATHY, KENNETH L	3.2 NAME	PLEASANCE, PEG
STREET ADDRESS	4200 BELAIR LANE, APT. 108	3.3 STREET ADDRESS	2465 KINGS LAKE BLVD
CITY-ST-ZIP	NAPLES FL 33940-3179	3.4 CITY-ST-ZIP	NAPLES FL 34112
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDEMAN, BETTY L	4.2 NAME	HYDEMAN, BETSY L
STREET ADDRESS	160 3RD AVE. S.	4.3 STREET ADDRESS	160 3RD AVE SO.
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LE GRAND, JOAN
STREET ADDRESS		5.3 STREET ADDRESS	110 PIER D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES FL 34112
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JUGLEMAN, GLORIA
STREET ADDRESS		6.3 STREET ADDRESS	3103 RIVIERA DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES FL 34103

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: Mary Jane Gracely 4/17/98 941-484-2450

CFR2037 (10/97)