NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001598

1. Corporation Name

THE NAPLES PLAYERS THEATRE GUILD, INC.

Principal Place of Business

Mailing Address

399 GOODLETTE ROAD SOUTH NAPLES FL 33940

399 GOODLETTE ROAD SOUTH

NAPLES FL 33940

FILED Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90143 019 ****70.00



2. Principal P	lace of Business Fulth Aug So	2a. Mailing Address 26 701 FIFTH	+ AVE, SO	3. Date Incorporated or Qualifed 03/28/1994	
Suite, Apt.	#, etg	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	V	27		59-6 154976	Not Applicable
City & Stat	PLES FL	City & State NAPLES	FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	= Zip 21412 =	Country	6. Election Campaign Financing	\$5.00 May Be
24 34/	25 COLLIER	29 34/02	COLLIE		Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 4.4.0.0.0.0					
				MARGARET B PLET	1SANCE
RICHAFD HYDEMAN				Address (P.O. Bo). Number is Not Acceptable)	77110
160 3RI) AVE S				1465 KINGS LAKE	BAND
SUITE 201					
NAPLES FL 34102				<u> </u>	85 Zip Code
FL 34//2					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statt tes, 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 MARGARET B. P. EASANCE Margary J. P. L. Signature, byble or printed ne ric of reflistered agent and title if applicable. (NOT E: Registered Appl signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	DIRECTOR	☐ Change Addition
NAME	GRACELY, MARY JANE		12 NAME	ALLER LADEUS	7
STREET ADDRESS	205 THIRD AVE NORTH		1.3 STREET ADDRESS	4542. SHELL RID	GE CT
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP	DONITA SPRINGS FL	34134
TITLE	D	☐ DELETE	2.1 TITLE	AND INTERIOR	Change Addition
NAME	HYDEMAN, RICHARD		2.2 NAME		
STREET ADDRESS	160 3RD AVE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	DIRECTUR	Change Addition
NAME	PLEASANCE, PEG	·	3.2 NAME	MARGARET B. PLEAL	SANCE
STREET ADDRESS	2465 KINGS LAKE BLVD		3.3 STREET ADDRESS	2465 KINGS LAKE	BLOD
CITY-ST-ZIP	NAPLES FL 34112		3.4 CITY-ST-ZIP	MARGARET B. PLEA 2465 KINGS LAKE NAPHES FL 3	<i>t/12</i>
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HYDEMAN, BETSY L		4. 2 NAME		Ì
STREET ADDRESS	160 3RD AVE SO		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	LEGRAND, JOAN		5.2 NAME		
STREET ADDRESS	110 PIER D		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	INGLEMAN, GLORIA		6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		64 CITY-ST-ZIP		

I hereb / 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 recuired by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: