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Mar 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001549 (3)**

1. Corporation Name

THEATRE CONSPIRACY, INC.



Principal Place of Business 10091 MCGREGOR BLVD. FORT MYERS FL 33919	Mailing Address 10051 MCGREGOR BLVD. 107 FORT MYERS FL 33919 US
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3. Date Incorporated or Qualified 04/03/1995
4. FEI Number 65-0569413
Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28 10091 McGregor Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26 Ft. Myers FL
Zip 24	Country 25
29 33919	30 US

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 SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919

10. Name and Address of New Registered Agent 81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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	
TITLE D	☐ DELETE
NAME MIDDLEKAUFF, PATRICIA L	
STREET ADDRESS 19116 COCONUT ROAD, SE	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE D	☐ DELETE
NAME TAYLOR, WILLIAM E	
STREET ADDRESS 3806 HANOVER ST	
CITY-ST-ZIP FORT MYERS FL	
TITLE D	☐ DELETE
NAME ANTONIO, NANCY	
STREET ADDRESS 2682 SHRIVER DRIVE	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE DT	☐ DELETE
NAME DAVIS, SLYVIA	
STREET ADDRESS 8300-4 SUMMERLIN RD.	
CITY-ST-ZIP FT MYERS FL	
TITLE D	☐ DELETE
NAME EATON, ALEXANDER	
STREET ADDRESS 4101 EVANS AVE.	
CITY-ST-ZIP FT. MYERS FL	
TITLE DV	☐ DELETE
NAME GOLDBERG, KAREN	
STREET ADDRESS 3005 SE 18TH PL	
CITY-ST-ZIP CAPE CAROL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	☐ Change ☒ Addition
1.2 NAME Dena Geraghty	
1.3 STREET ADDRESS 1320 Alcazar Ave	
1.4 CITY-ST-ZIP Ft. Myers, FL 33901	
2.1 TITLE D	☐ Change ☒ Addition
2.2 NAME Jeff Hild	
2.3 STREET ADDRESS P.O. Box 280	
2.4 CITY-ST-ZIP Ft. Myers, FL 33902	
3.1 TITLE DS	☐ Change ☒ Addition
3.2 NAME Steve Harper	
3.3 STREET ADDRESS 1901 Clifford St #1402	
3.4 CITY-ST-ZIP Ft. Myers, FL 33901	
4.1 TITLE D	☐ Change ☒ Addition
4.2 NAME Michael McNally	
4.3 STREET ADDRESS 1616 Poinsettia Ave	
4.4 CITY-ST-ZIP Ft. Myers, FL 33901	
5.1 TITLE DP	☐ Change ☒ Addition
5.2 NAME Patrick O'Donovan	
5.3 STREET ADDRESS 9311 Water Lily Ct. #804	
5.4 CITY-ST-ZIP Ft. Myers, FL 33919	
6.1 TITLE D	☐ Change ☒ Addition
6.2 NAME Greg Ventre	
6.3 STREET ADDRESS 9784 Mar Largo Circle	
6.4 CITY-ST-ZIP Ft. Myers, FL 33919	

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: *[Signature]* 1/23/98 941-436-3239

CR2E037 (10/97)