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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002012 (1)

1. Corporation Name

SOUTHERN SHAKESPEARE FESTIVAL, INC.



Principal Place of Business	Mailing Address
1014 N. ADAMS ST. TALLAHASSEE FL 32303	1014 N. ADAMS ST. TALLAHASSEE FL 32303-6133

3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 P.O. Box 38096
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Tallahassee, FL
24 Zip	29 32315-8096
25 Country	30 U.S.A.

4. FEI Number 59-3310279	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MINARDI, R. DEAN 1014 N. ADAMS ST. TALLAHASSEE FL 32303	

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	DT <input type="checkbox"/> DELETE
NAME	MINARDI, R. DEAN
STREET ADDRESS	1014 N. ADAMS ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	CAMPBELL, TINA
STREET ADDRESS	1950 W. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	STRAUSS, JUNE F
STREET ADDRESS	2017 DOGWOOD HILL
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1479 Millstream
2.4 CITY-ST-ZIP	Tallahassee, FL 32312
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DISKIN, NANCY
4.3 STREET ADDRESS	1535 Kilearn Center Blvd B3
4.4 CITY-ST-ZIP	Tallahassee, FL 32308
5.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEONARD, COMAN III
5.3 STREET ADDRESS	3050 W. Tharpe Street
5.4 CITY-ST-ZIP	Tallahassee, FL 32308
6.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CASEDY, SUSAN
6.3 STREET ADDRESS	7098 Chimney Swift Hollow
6.4 CITY-ST-ZIP	Tallahassee, FL 32312

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.

CR2E037 (9/96)