

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 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 #N95000002012 (1)
1. Corporation Name

SOUTHERN SHAKESPEARE FESTIVAL, INC.

Principal Place of Business 1014 N. Adams Street Tallahassee, FL 32303	Mailing Address P.O. Box 38096 Tallahassee, FL 32315-8096
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3. Date Incorporated or Qualified

04/27/95

4. FEI Number

59-3310279

Applied For
Not Applicable

5. Certificate of Status Desired

☒ ~~DC~~

\$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

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

Minardi, R. Dean
1014 N. Adams Street
Tallahassee, FL 32303

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DC
STREET ADDRESS		1.3 STREET ADDRESS	HINKLE, JANET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	2047 Chimney Swift Hollow, Talla, FL 32312
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DS
NAME		2.2 NAME	CARLSON, MICHAEL
STREET ADDRESS		2.3 STREET ADDRESS	215 S Monroe Street, STE 500
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32302
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D
NAME		6.2 NAME	00000248004
STREET ADDRESS		6.3 STREET ADDRESS	-04/06/98--01081--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

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:

Coman Leonard, III Treasurer 02 APL 98 850/580-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (10/97)