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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002012

1. Corporation Name

SOUTHERN SHAKESPEARE FESTIVAL, INC.

Principal Place of Business

1014 N. ADAMS ST.  
TALLAHASSEE FL 32303

Mailing Address

P O BOX 38096  
TALLAHASSEE FL 32315-0096  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

59-3310279

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election: Campaign Financing ☐  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MINARDI, R. DEAN  
1014 N. ADAMS ST.  
TALLAHASSEE FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
HINKLE, JANET  
2047 CHIMNEY SWIFT HOLLOW  
TALLAHASSEE FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
STRAUSS, JUNE F  
2017 DOGWOOD HILL  
TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
DISKIN, NANCY  
1535 KILBURN CENTER BLVD B3  
TALLAHASSEE FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LEONARD, COMAN III  
3050 W THARPE STREET  
TALLAHASSEE FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
CARLSON, MICHAEL  
215 S. MONROE STREET STE. 500  
TALLAHASSEE FL 32302

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DS  
GROBE, KATHY  
4427 BAYSHORE CIRCLE  
TALLAHASSEE, FL 32308  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D  
SMITH, AETNA  
2001 OLD ST AUGUSTINE ROAD #M103  
TALLAHASSEE, FL 32301  
☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
COMAN, C. LEONARD, III

24 Apr 99

850/580-3887  
Daytime Phone #

CR2E037 (11/98)