

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004385 (9)

1. Corporation Name

WEST COAST COMMUNITY THEATRE, INC.



Principal Place of Business

4042 DIAMOND LEAF COURT  
PALM HARBOR FL 34684

Mailing Address

4042 DIAMOND LEAF COURT  
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 Schiller International Univ.

22 Suite, Apt. #, etc. 433 Edgewater Drive

23 City & State Dunedin FL

24 Zip 34698 25 Country USA

2a. Mailing Address

26 P.O. Box 1388

27 Suite, Apt. #, etc.

28 City & State Oldsmar FL

29 Zip 34677-0025 30 Country USA

4. FEI Number

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, MARY KATHRYN  
4042 DIAMOND LEAF COURT  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name Abbott Morgan, PRESIDENT  
82 Street Address (P.O. Box Number is Not Acceptable) 160 Sage Circle  
83 Box 179  
84 City Crystal Beach FL 85 Zip Code 34681

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

Abbott Morgan, President

6/15/96

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	D	<input type="checkbox"/> DELETE
NAME	MORGAN, ABBOTT	
STREET ADDRESS	16 SAGE CIRCLE	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, AGNES	
STREET ADDRESS	348 CANAL OAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MARY K	
STREET ADDRESS	4042 DIAMOND LEAF COURT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0015575

CR2E037 (3/96)