


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 08 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 # **N95000004385 (9)**

1. Corporation Name

WEST COAST COMMUNITY THEATRE, INC.



Principal Place of Business SCHILLER INTERNATIONAL UNIV 433 EDGEWATER DR DUNEDIN FL 34698 US	Mailing Address P O BOX 1388 OLDSMAR FL 34677-0025 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 OLDSMAR CNIC CLUB		2a. Mailing Address 26 PO BOX 1388		3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 07/01/1996
Suite, Apt. #, etc. 22 402 ST. PETERSBURG DR.		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
City & State 23 OLDSMAR, FL		City & State 28 OLDSMAR, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 34677	Country 25 PINELLAS, USA	Zip 29 34677-0025	Country 30 PINELLAS, USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, ABBOTT
160 SAGE CIR BOX 1119
CRYSTAL BEACH FL 34681**

81 Name MORGAN, ABBOTT R.
82 Street Address (P.O. Box Number is Not Acceptable) 160 SAGE CIRCLE (PO BOX 1119)
83 CRYSTAL BEACH
84 City FLORIDA
85 Zip Code FL 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 R. Morgan
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

JUL 27, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORGAN, ABBOTT		1.2 NAME MORGAN, ABBOTT R.	
STREET ADDRESS 16 SAGE CIRCLE		1.3 STREET ADDRESS 160 SAGE CIRCLE (PO BOX 1119)	
CITY-ST-ZIP CRYSTAL BEACH FL 34681		1.4 CITY-ST-ZIP CRYSTAL BEACH FL 34681	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, AGNES		2.2 NAME BUTLER, FRED	
STREET ADDRESS 348 CANAL WAY		2.3 STREET ADDRESS 4018 SANDPIPER CT.	
CITY-ST-ZIP OLDSMAR FL 34677		2.4 CITY-ST-ZIP PALM HARBOR, FL 34684	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, MARY K		3.2 NAME SIMMONS, MELINDA	
STREET ADDRESS 4042 DIAMOND LEAF COURT		3.3 STREET ADDRESS 945 WATERBURY CIRC. EAST	
CITY-ST-ZIP PALM HARBOR FL 34684		3.4 CITY-ST-ZIP TAMPA SPCL. FL 34689	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME BENES, JAN	
STREET ADDRESS		4.3 STREET ADDRESS 5274 GOOSE COURT	
CITY-ST-ZIP		4.4 CITY-ST-ZIP PALM HARBOR, FL 34682	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME JOHNSON, AGNES	
STREET ADDRESS		5.3 STREET ADDRESS 348 CANAL WAY	
CITY-ST-ZIP		5.4 CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

Abbott R. Morgan
Signature, typed or printed name of registered agent and title, if applicable. **7-27-97** **813-**

CR2E037 (4/97)