


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004385					
1. Corporation Name WEST COAST COMMUNITY THEATRE, INC.					
Principal Place of Business OLDSMAR CIVIC CLUB 402 ST PETERSBURG DR OLDSMAR FL 34677 US			Mailing Address P O BOX 1388 OLDSMAR FL 34677-1388 US		
2. Principal Place of Business 21 DUNEDIN COMMUNITY CENTER Suite, Apt. #, etc. 22 1141 MICHIGAN BLVD. City & State 23 DUNEDIN FL Zip 24 34689 Country 25 USA		2a. Mailing Address 26 % PO BOX 1119 Suite, Apt. #, etc. 27 160 SAGE CIRCLE City & State 28 CRYSTAL BEACH, FL Zip 29 34681 Country 30 USA		3. Date Incorporated or Qualified 09/11/1995 4. FEI Number NOT APPLICABLE 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	
9. Name and Address of Current Registered Agent MORGAN, ABBOTT R 160 SAGE CIR (P O BOX 1119) CRYSTAL BEACH FL 34681			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, ABBOTT R		1.2 NAME		
STREET ADDRESS	160 SAGE CIR (P O BOX 1119)		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, FRED		2.2 NAME		
STREET ADDRESS	4018 SANDPIPER CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, MELINDA		3.2 NAME		
STREET ADDRESS	595 WATERFORD CIR E		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENES, JAN		4.2 NAME		
STREET ADDRESS	3274 GORGE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, AGNES		5.2 NAME		
STREET ADDRESS	348 CANAL WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY-ST-ZIP		
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 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: Abbott R. Morgan (ABBOTT R. MORGAN) 1-20-99 727-781-9168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)