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Apr 22 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 # **N96000006135 (5)**

1. Corporation Name

TOMORROW'S PROMISE: THE ORIGINAL COMPANY, INC.

Principal Place of Business	Mailing Address
FLORIDA CENTER FOR SHAKESPEARE STUDIES ROLLINS COLLEGE, 1000 HOLT AVE. WINTER PARK FL 32789-4499	FLORIDA CENTER FOR SHAKESPEARE STUDIES ROLLINS COLLEGE, 1000 HOLT AVE. WINTER PARK FL 32789



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/04/1996	3a. Date of Last Report
4. FEI Number 59-3414764	Applied For <input checked="" type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RUBINGER, JUDITH
1121 COVEWOOD TRL.
MAITLAND FL 32751

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBINGER, JUDITH	
STREET ADDRESS	1121 COVEWOOD TRL.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OMANS, STUART	
STREET ADDRESS	1585 FOREST AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSEPHS, GENE	
STREET ADDRESS	1900 SUMMIT TOWER BLVD., STE. 930	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, MARK W	
STREET ADDRESS	280 W. CANTON ST., STE. 410	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYER, BERNIE	
STREET ADDRESS	3200 LAKE EMMA RD.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOYCE, MARIA F	
STREET ADDRESS	4524 WOODLOT CT.	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE NELSON	
1.3 STREET ADDRESS	HARCOURT GRACE - 6277 SEA HARBOR DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32887	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONATHAN DEVERAUX	
2.3 STREET ADDRESS	4500 1118 GOLDEN CYPRESS COURT	
2.4 CITY-ST-ZIP	ALHAMBRA SPRINGS, FL 32714	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOCKHEED MATHIN, GARY	
3.3 STREET ADDRESS	12506 LAKE UNDERHILL RD	
3.4 CITY-ST-ZIP	ORLANDO, FL 32825	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PROF O'SULLIVAN, MAURICE	
4.3 STREET ADDRESS	1000 HOLT AVE (ROLLINS COLLEGE)	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thompson, Keesha	
6.3 STREET ADDRESS	4222 WOODROAD CIRCLE	
6.4 CITY-ST-ZIP	ORLANDO, FL 32839	

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.

SIGNATURE: **Gene Josephs** **GENE JOSEPHS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHAIRMAN**

4/1/97 407-862-4658

Date

Daytime Phone # 0001093

CR2E037 (9/96)