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FILED

Apr 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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 32789-4499

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

59-3414764

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 ~~GIO F. RUBINGER~~  
Suite, Apt. #, etc.

26 ~~1121 Covewood Tr.~~  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ~~Maitland FL~~  
Zip Country

28 ~~Maitland FL~~  
Zip Country

24 ~~32751~~ 25 ~~FLA~~

29 ~~32751~~ 30 ~~FLA~~

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBINGER, JUDITH  
1121 COVEWOOD TRL.  
MAITLAND FL 32751

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 ☐ DELETE

NAME D  
RUBINGER, JUDITH  
STREET ADDRESS 1121 COVEWOOD TRL.  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME D  
OMANS, STUART  
STREET ADDRESS 1565 FOREST AVE.  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME D  
JOSEPHS, GENE  
STREET ADDRESS 1900 SUMMIT TOWER BLVD., STE. 930  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☒ DELETE

NAME D  
GARRETT, MARK W  
STREET ADDRESS 280 W. CANTON ST., STE. 410  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME D  
BOYER, BERNIE  
STREET ADDRESS 3200 LAKE EMMA RD.  
CITY-ST-ZIP LAKE MARY FL 32748

TITLE ☐ DELETE

NAME D  
KEESHA, THOMPSON  
STREET ADDRESS 4222 WINFORD CIRCLE  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*Judith Rubinger* 3/30/98 407-539-2839

CR2E037 (10/97)