


FILE NOW: FILING FEE IS \$61.25

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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90018 049 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004364**

1. Corporation Name  
**THE ACTORS' PROJECT THEATRE COMPANY, INC.**

Principal Place of Business 2810 RIVERSIDE DRIVE. #204 CORAL SPRINGS FL 33065	Mailing Address 2810 RIVERSIDE DRIVE. #204 CORAL SPRINGS FL 33065
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0852143
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>JOHNSTON, DARRYL W</b> <b>29 SOUTH BROOKSVILLE AVENUE</b> <b>BROOKSVILLE FL 34601</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/T/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADJAN, IRENE S</b>	1.2 NAME	
STREET ADDRESS	<b>2810 RIVERSIDE DRIVE, #204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONDON, AMY</b>	2.2 NAME	
STREET ADDRESS	<b>3371 N.W. 97TH TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEEVER, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>3475 SOUTHWOOD COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY-CHEDA, GIA</b>	4.2 NAME	
STREET ADDRESS	<b>1519 N. 46TH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDCASTLE, TERRELL</b>	5.2 NAME	
STREET ADDRESS	<b>677 TIVOLI TRACE CIRCLE, #202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Tom Dillickrath</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2501 S. Ocean Drive #406</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Hollywood-By-The-Sea, FL 33019</b>

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: SIGNATURE REQUIRED January 5, 1999 (954) 340-8063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)