


FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90032 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005270					
1. Corporation Name ACTORS REPERTORY THEATRE OF NAPLES, INC.					
Principal Place of Business 1965 RIVER REACH DRIVE #236 NAPLES FL 34104			Mailing Address POST OFFICE BOX 9418 NAPLES FL 34101		

615638-90014-39



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Post Office Box 8747	09/15/1998	
22	City & State	27	Naples, FL 34101	4. FEI Number	
23	Zip	28	34101	59-3539482	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30		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				10. Name and Address of New Registered Agent			
WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES FL 34103				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 resigning)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE	P D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			1.2 NAME	Thom Politico			
STREET ADDRESS			1.3 STREET ADDRESS	1965 River Reach Dr. #236			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Naples, FL 34104			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	V D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	Mark K. McClellan			
STREET ADDRESS			2.3 STREET ADDRESS	3120 Seasons Way #301			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Esteros, FL 33928			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	T/S D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	Alison Peet			
STREET ADDRESS			3.3 STREET ADDRESS	1965 River Reach Dr. #236			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Naples, FL 34104			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Mark Lindner			
STREET ADDRESS			4.3 STREET ADDRESS	2206 Majestic Court			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Naples, FL 34110			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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: Thom Politico 7-15-99 (941) 643-3503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)