

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 762978

**Entity Name:** SHOESTRING THEATRE, INC.

**Current Principal Place of Business:**

380 S GOODWIN ST.  
LAKE HELEN, FL 32744-2803

**Current Mailing Address:**

380 S GOODWIN ST.  
LAKE HELEN, FL 32744-2803 US

**FEI Number:** 59-6004241

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOLLIEN, ANNE MILLER TREASURER  
1236 W NEW YORK AVE  
DELAND, FL 32720 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ANNE M SOLLIEN

08/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR, PRESIDENT

Name LEMOINE, LORI

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR, SECRETARY

Name MILLER, ALIXANDRIA

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title VP, DIR

Name SKILES, MICHELLE

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR

Name O'REILLY, ANDY

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR

Name BALLESTEROS, NANCY

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title DIR

Name SOLLIEN, ROBERT

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR

Name FREEMAN, PAULA

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR, TREASURER

Name SOLLIEN, ANNE

Address 380 S GOODWIN ST.

City-State-Zip: LAKE HELEN FL 32744-2803

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNE M SOLLIEN

**DIRECTOR/TREASURER**

08/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIR  
Name DEMPS, ALADDIN  
Address 380 S GOODWIN ST.  
City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR  
Name PATTERSON, CHRIS  
Address 380 S GOODWIN ST.  
City-State-Zip: LAKE HELEN FL 32744-2803

Title DIRECTOR  
Name TAYLOR, KIRSTEN KIWIOR  
Address 380 S GOODWIN DT  
City-State-Zip: LAKE HELEN FL 32744