

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
25

95 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711125** (5)
1. Corporation Name
CAPE CORAL COMMUNITY THEATRE, INC.

Principal Place of Business Mailing Address
P O BOX 974 **P O BOX 974**
CAPE CORAL FL 33910 **CAPE CORAL FL 33910**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1966	3a. Date of Last Report 03/30/1994
4. FBI Number 59-1155302	Applied For <input 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
WADAS, SUE
1110 LINCOLN CT
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name **MARY PAT ROLEKE**
82 Street Address (P.O. Box Number is Not Acceptable)
4423 Country Club Blvd.
83
84 City **CAPE CORAL** FL 85 Zip Code **33904**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mary Pat Roleke (NOTE: Registered Agent signature required when resigning) DATE April 11, 1995

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WADAS, SUE
STREET ADDRESS	1110 LINCOLN CT
CITY - ST - ZIP	CAPE CORAL FL
TITLE	EVPD
NAME	TRAYLOR, ROBIN
STREET ADDRESS	P O BOX 7458 NA
CITY - ST - ZIP	FT MYERS FL
TITLE	VPD
NAME	TATE, ANITA
STREET ADDRESS	1503 NE 2ND TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	VPD
NAME	PALMER, ANNE
STREET ADDRESS	609 SE 28TH TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	SD
NAME	ZIMMERMANN, MARILYN
STREET ADDRESS	2319 SE 10TH PL
CITY - ST - ZIP	CAPE CORAL FL
TITLE	TD
NAME	BOYD, BEVERLY
STREET ADDRESS	1925 SE 44TH ST
CITY - ST - ZIP	CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARY PAT ROLEKE
13 STREET ADDRESS	4423 Country Club Blvd.
14 CITY - ST - ZIP	CAPE CORAL, FL 33904
21 TITLE	Exec V P / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SUSAN DONEY
23 STREET ADDRESS	2213 NE 15 PL
24 CITY - ST - ZIP	CAPE CORAL FL 33909
31 TITLE	2nd VP / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NEVIN REISS
33 STREET ADDRESS	2206 Del Prado Blvd
34 CITY - ST - ZIP	CAPE CORAL, FL 33909
41 TITLE	3rd VP / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Alden Waimar
43 STREET ADDRESS	1707 SE 16 ST
44 CITY - ST - ZIP	CAPE CORAL, FL 33990
51 TITLE	Secretary / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VANDA CURTICE
53 STREET ADDRESS	4280-D ISLAND CR.
54 CITY - ST - ZIP	FT. MYERS, FL 33919
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Beverly A. Boyd (Beverly A. Boyd) 4/5/95 (813) 540-1925