


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90051 037 ****61.25

DOCUMENT # 711125					
1. Entity Name CULTURAL PARK THEATRE COMPANY, INC.					
Principal Place of Business CULTURAL PARK THEATRE 528 CULTURAL PARK BLVD CAPE CORAL, FL 33990		Mailing Address PO BOX 150022 COPE CORAL, FL 33910			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1155302	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CALIFANO, PAULINE 4525 COUNTRY CLUB BLVD #108 CAPE CORAL, FL 33904			Name <i>MICHAEL D. MORAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>12645 SW Street</i> City <i>Ft. Myers</i> FL Zip Code <i>33905</i>		
8. 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. I am familiar with, and accept the obligations of registered agent. <i>MICHAEL D. MORAN, President</i> SIGNATURE <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, RICHARD		NAME	MORAN, MICHAEL D.	
STREET ADDRESS	3414 SW 29TH AVENUE		STREET ADDRESS	12645 SW STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	FT. MYERS, FL 33905	
TITLE	3V	<input checked="" type="checkbox"/> Delete	TITLE	1-VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRABOYES, MARILYN		NAME	HEIN, LAURA	
STREET ADDRESS	14600 GLEN CIVE DR. #302		STREET ADDRESS	2217 SW 43RD TERR.	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	2V	<input checked="" type="checkbox"/> Delete	TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFTWICH, CHERYL		NAME	KUETHNE-LOIS	
STREET ADDRESS	4111 SE 1ST AVENUE		STREET ADDRESS	2475 BRIDGE RD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	NO. FT. MYERS, FL 33905	
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PESCATRICE, JOSEPH		NAME	OTTO, LEE	
STREET ADDRESS	2712 SW 13TH AVE		STREET ADDRESS	4127 PALM TREE BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESCHER, LADELL		NAME		
STREET ADDRESS	1732 SAVONA PKWY		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					