

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711125

FILED
Apr 29, 2009
Secretary of State

Entity Name: CULTURAL PARK THEATRE COMPANY, INC.

Current Principal Place of Business:

CULTURAL PARK THEATRE
528 CULTURAL PARK BLVD
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

PO BOX 150022
COPE CORAL, FL 33910

New Mailing Address:

FEI Number: 59-1155302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, MICHAEL D
12645 S. STREET
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OTTO, LEE
Address: 4127 PALM TREE BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: 1VP () Delete
Name: KUEHNE, LOIS
Address: 2475 BRIDGE RD.
City-St-Zip: FORT MYERS, FL 33905

Title: 2VP () Delete
Name: KELLY, RON
Address: 2710 DEL PRADO BLVD #2167
City-St-Zip: CAPE CORAL, FL 33904

Title: RS () Delete
Name: SPENCER, MELINA
Address: 2015 SW 8TH CT.
City-St-Zip: CAPE CORAL, FL 33991

Title: T () Delete
Name: HARRIS, MARTIN
Address: 525 CORAL DR.
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CR (X) Change () Addition
Name: TREMPER, BILL
Address: 808 SE 47TH TER
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Change (X) Addition
Name: MAGLIONE, LISA
Address: 3532 SW 17TH PL
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. MORAN

ED

04/29/2009

Electronic Signature of Signing Officer or Director

Date