

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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-03/19/96--01078--013
***61.25

DOCUMENT # 717136 (6)
1. Corporation Name
THE CIVIC THEATRE OF CENTRAL FLORIDA, INC.



Principal Place of Business: 1001 E. PRINCETON ST. ORLANDO FL 32803
Mailing Address: 1001 E. PRINCETON ST. ORLANDO FL 32803

3. Date Incorporated or Qualified: 09/11/1969
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-1056385
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
RICH, JOANTHAN D.
% MAGUIRE, VOORHIS & WELLS, P.A.
2 SOUTH ORANGE PLAZA
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Loesser, John
82 Street Address (P.O. Box Number is Not Acceptable): 1001 East Princeton Street
83
84 City: Orlando FL 85 Zip Code: 32803

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: *John Loesser* 1/15/96 John Loesser, Executive Director
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	RICH, JONATHAN	
STREET ADDRESS	2 SOUTH ORANGE PLAZA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARDING, MICHAEL	
STREET ADDRESS	200 S. ORANGE AVE., STE. 1800	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DPE	<input type="checkbox"/> DELETE
NAME	ZIOMEK, JANET	
STREET ADDRESS	1621 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CROFTON, MEG	
STREET ADDRESS	1375 LAKE BUENA VISTA DR. 2 NORTH 204D	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STUART, VIRGINIA	
STREET ADDRESS	360 BELOIT AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OLECK, LAURA	
STREET ADDRESS	741 SEQUOIA TRAIL	
CITY-ST-ZIP	MAITLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harding, Michael	
1.3 STREET ADDRESS	200 South Orange Avenue, Suite 1800	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zionek, Janet	
2.3 STREET ADDRESS	1621 North Mills Avenue	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE	D/PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stuart, Virginia	
3.3 STREET ADDRESS	360 Beloit Avenue	
3.4 CITY-ST-ZIP	Orlando, FL 32789	
4.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Crofton, Meg	
4.3 STREET ADDRESS	1375 Lake Buena Vista Drive	
4.4 CITY-ST-ZIP	Lake Buena Vista, FL 32830	
5.1 TITLE	C/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Oleck, Laura	
5.3 STREET ADDRESS	741 Sequoia Trail	
5.4 CITY-ST-ZIP	Maitland, FL 32751-4508	
6.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Clements, William C.	
6.3 STREET ADDRESS	605 Dartmouth Street	
6.4 CITY-ST-ZIP	Orlando, FL 32804	

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 119.07(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: *William C. Clements* 1/15/96 William C. Clements Secretary
Signature typed or printed name of signing officer or director. DATE

CR2E037 (12/95)