

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717136 (6)**

1. Corporation Name  
**THE CIVIC THEATRE OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>1001 E. PRINCETON ST. ORLANDO FL 32803</b>	Mailing Address <b>1001 E. PRINCETON ST. ORLANDO FL 32803</b>
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3. Date Incorporated or Qualified <b>09/11/1969</b>		
4. FEI Number <b>59-1056385</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b> 32803-1420	Country <b>25</b>	Zip <b>29</b> 32803-1420	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SELLERS, JEFF**  
**1001 E. PRINCETON ST**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZIOMEK, JANET</b>
STREET ADDRESS	<b>2845 STANTON HALL COURT</b>
CITY-ST-ZIP	<b>WINDERMERE FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STUART, VIRGINIA</b>
STREET ADDRESS	<b>380 BELOTT AVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>OLECK, LAURA</b>
STREET ADDRESS	<b>741 SEQUOIA TRAIL</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>FLUKE, LONN</b>
STREET ADDRESS	<b>1325 BRANCH HILL COURT</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LYON, ANDREA</b>
STREET ADDRESS	<b>BAY VIEW RESERVE, #5, 7550 HINSON ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BURROW, RYAN</b>
STREET ADDRESS	<b>200 S. ORANGE AVE SOAB-B</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stuart, Virginia</b>
1.3 STREET ADDRESS	<b>360 Beloit Avenue</b>
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
2.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Oleck, Laura</b>
2.3 STREET ADDRESS	<b>741 Sequoia Trail</b>
2.4 CITY-ST-ZIP	<b>Maitland, FL 32751-4508</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Neptune, Darby</b>
3.3 STREET ADDRESS	<b>313 Sandpiper Court</b>
3.4 CITY-ST-ZIP	<b>Casselberry, FL 32707</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Apopka, FL 32712</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Henderson, Marisa</b>
5.3 STREET ADDRESS	<b>390 N. Orange Ave., Ste. 700</b>
5.4 CITY-ST-ZIP	<b>Orlando, FL 32802</b>
6.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Hunter, Todd</b>
6.3 STREET ADDRESS	<b>891 37th Street</b>
6.4 CITY-ST-ZIP	<b>Orlando, FL 32805</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Laura Oleck President/Director 02/25/98 407-896-7365

CR2E037 (10/97)