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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 717136</b> 1. Corporation Name <b>THE CIVIC THEATRE OF CENTRAL FLORIDA, INC.</b>	
Principal Place of Business 1001 E. PRINCETON ST. ORLANDO FL 32803-1420 US	Mailing Address 1001 E. PRINCETON ST. ORLANDO FL 32803-1420 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/11/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1056385
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	29
30	30	5. Certificate of Status Desired
		6. Election Campaign Financing
		Trust Fund Contribution
		5. Certificate of Status Desired
		6. Election Campaign Financing
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SELLERS, JEFF 1001 E. PRINCETON ST ORLANDO FL 32803	81 Name Marti Miller
	82 Street Address (P.O. Box Number is Not Acceptable) 1001 E Princeton St
	83
	84 City Orlando
	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: *Marti Miller* DATE: 1-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	CHAIRMAN
NAME	STUART, VIRGINIA	1.2 NAME	LAURA OLECK
STREET ADDRESS	360 BELOIT AVE	1.3 STREET ADDRESS	741 SEQUOIA TR
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	PD	2.1 TITLE	PD
NAME	OLECK, LAURA	2.2 NAME	DARBY NEPTUNE
STREET ADDRESS	741 SEQUOIA TRAIL	2.3 STREET ADDRESS	313 SANDPIPER CT
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D	3.1 TITLE	D
NAME	NEPTUNE, DARBY	3.2 NAME	LONN FLUKE
STREET ADDRESS	313 SANDPIPER COURT	3.3 STREET ADDRESS	1325 BRANCH HILL CT
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VD	4.1 TITLE	VD
NAME	FLUKE, LONN	4.2 NAME	ERIC PALMER
STREET ADDRESS	1325 BRANCH HILL COURT	4.3 STREET ADDRESS	1531 SUNSET BR
CITY-ST-ZIP	APOPKA FL 32712	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	S	5.1 TITLE	SECRETARY
NAME	HENDERSON, MARISA	5.2 NAME	NANCY DEUTSCH
STREET ADDRESS	390 N ORANGE AVE, STE 700	5.3 STREET ADDRESS	662 GRANVILLE DR
CITY-ST-ZIP	ORLANDO FL 32802	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T	6.1 TITLE	TREASURER
NAME	HUNTER, TODD	6.2 NAME	CHARLENE FAULEY
STREET ADDRESS	891 37TH ST	6.3 STREET ADDRESS	3810 BAINBRIDGE AVE
CITY-ST-ZIP	ORLANDO FL 32805	6.4 CITY-ST-ZIP	ORLANDO, FL 32839

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, with all other like empowered.

SIGNATURE: *Marti Miller* DATE: 01/18/99 DAYTIME PHONE #: 407-695-2341

CR2E037 (1/98)