


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 717136**  
 1. Entity Name  
**THE CIVIC THEATRE OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
 1001 E. PRINCETON ST.  
 ORLANDO, FL 32803-1420 US

Mailing Address  
 1001 E. PRINCETON ST.  
 ORLANDO, FL 32803-1420 US

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1056385 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

UCF CIVIC THEATRE  
 4000 CENTRAL FLORIDA BLVD.  
 ORLANDO, FL 32816-2372

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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.

SIGNATURE: Kathleen Cabate Edwards Kathleen Cabate Edwards 7/2/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BCD CHRISTIANSEN, PATRICK 255 S. ORANGE AVE., 17TH FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS NICHOLSON, SONJA 150 N. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCD SANTOS, FRANK 7600 INTERNATIONAL DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FCD HOLMES, BOB 12424 RESEARCH PARKWAY # 140 ORLANDO, FL 328263257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07022004-80016-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 7-2-04 407-896-7365  
Signature and typed or printed name of signing officer or director Date Daytime Phone #