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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

255926 - 90001 - 3

DOCUMENT # **N97000002222**

1. Corporation Name

SEMINOLE CULTURAL ARTS THEATRE, INC.

Principal Place of Business	Mailing Address
37 NW 1ST ST HOMESTEAD FL 33030 US	37 NW 1ST ST HOMESTEAD FL 33030 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 04/21/1997

4. FEI Number: 65-0757037 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZOLTEN, ROBERT M		1.2 NAME		
STREET ADDRESS	151 NW 11TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY-ST-ZIP		
TITLE	RSD	☑ DELETE	2.1 TITLE	Recording Secretary	☑ Change ☐ Addition
NAME	FEHRMAN, JANICE D		2.2 NAME	Gale Walters	
STREET ADDRESS	16572 SW 297TH TERR		2.3 STREET ADDRESS	18720 SW 295th Terrace	
CITY-ST-ZIP	HOMESTEAD FL 33033		2.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	CSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, DONNA		3.2 NAME		
STREET ADDRESS	23860 FARM LIFE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DONNA		4. 2 NAME		
STREET ADDRESS	325 NORTH KROME AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALABRESE, ELIZABETH		5.2 NAME		
STREET ADDRESS	20130 SW 304TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PROBINSKY, SUSAN		6.2 NAME		
STREET ADDRESS	26650 SW 172ND AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		6.4 CITY-ST-ZIP		

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: Donna E Davis Treas/Dir **SIGNATURE RETURNED** 3/15/99 (305) 245-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)