

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711125

Entity Name: CULTURAL PARK THEATRE COMPANY, INC.**Current Principal Place of Business:**CULTURAL PARK THEATRE
528 CULTURAL PARK BLVD
CAPE CORAL, FL 33990**Current Mailing Address:**PO BOX 150022
CAPE CORAL, FL 33915 US**FEI Number:** 59-1155302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORAN, MICHAEL D
528 CULTURAL PARK BLVD
CAPE CORAL, FL 33990 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 2VP
Name FRASCA, BOBBI
Address 2936 SW 3RD PLACE
City-State-Zip: CAPE CORAL FL 33914

Title 1VP
Name WENGERTER, CHRISTI
Address 118 SE 8TH PL
City-State-Zip: CAPE CORAL FL 33990

Title RS
Name FAZILOI, LINDA
Address 19434 TARPON WOODS CT
City-State-Zip: N FORT MYERS FL 33903

Title 3VP
Name CULLITON, ADAM
Address 1814 SE 10TH PLACE
City-State-Zip: CAPE CORAL FL 33990

Title P
Name MAGLIONE-CHENAULT, LISA
Address 3532 SW 17TH PL
City-State-Zip: CAPE CORAL FL 33914

Title T
Name HILL, KELLI L
Address 2524 DEL PRADO BLVD S
City-State-Zip: CAPE CORAL FL 33904

Title D
Name MORAN, MICHAEL
Address 12645 5TH STREET
City-State-Zip: FT MYERS FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA MAGLIONE-CHENAULT**PRESIDENT****04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date