

2014 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

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 P
Name FRASCA, BOBBI
Address 1008 SE 38TH ST
City-State-Zip: CAPE CORAL FL 33904

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

Title 1VP
Name ST. ONGE, ROY
Address 19313 CEDAR CREST CT
City-State-Zip: N FORT MYERS FL 33903

Title 2VP
Name KOC, JUNE
Address 1990 ROSEATE LANE
City-State-Zip: SANIBEL FL 33957

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

Title 3VP
Name SCLAFANI, MARYDALE
Address 3652 SE 5TH CT
City-State-Zip: CAPE CORAL FL 33904

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

TREASURER

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date