

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1400000022

**Entity Name:** TAVARES THEATER, INC.

**Current Principal Place of Business:**

107 NORTH LAKE AVE  
TAVARES, FL 32778

**Current Mailing Address:**

15705 ACORN CIRCLE  
TAVARES, FL 32778 US

**FEI Number:** 46-4355981

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MINER, HAROLD D  
15705 ACORN CIRCLE  
TAVARES, FL 32778 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	CEO	Title	TREASURER, EXEC DIRECTOR
Name	MINER, NOEL A	Name	MINER, HAROLD D
Address	15705 ACORN CIRCLE	Address	15705 ACORN CIRCLE
City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778

Title	DIRECTOR	Title	SECRETARY
Name	FERGUSON, BRENDA	Name	DARELLE, PALLANS
Address	17036 KEEN RANCH RD	Address	3264 KINGSTON WAY
City-State-Zip:	MT DORA FL 32757	City-State-Zip:	TAVARES FL 32778

Title	DIRECTOR
Name	GLEASON, DENNIS
Address	5637 GULF STREA STREET
City-State-Zip:	TAVARES FL 32778

*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:** HAROLD MINER

**EXEC. DIRECTOR**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date