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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

CAPE CORAL COMMUNITY THEATRE, INC.

Principal Place of Business	Mailing Address
P O BOX 974	P O BOX 974
P O BOX 974 COPE CORAL FL 33910	COPE CORAL FL 33910-0974

FILED May 14 1997 8:00am Secretary of State



								3. Date Incorporated or 0 07/05/1966	ualified	3a. Da	te of Last 05/01/1	Report 996
2. Principal P	lace of Busin	ness	}	2a. Mailing Address				4. FEI Number 59-1155302				Applied For
21]	# al-		26	- A - 11				39 1133302				Not Applicable
Suite, Apt.	#, eic.		27	uite, Apt. #, etc.				5. Certificate of Status De	sired			Additional Required
City & State	9		28	city & State				Election Campaign Final Trust Fund Contribution			•	May Be
Zip		Country		lip	Cou	untry	······································	8. This corporation has lia		tangible 1		
4		25	29		30			Florida Statutes		Yes [
	9. Name	and Address of Curre	ent Register	red Agent				10. Name and Address of	New Reg	stered A	gent	
					i	81 1	Name					
HOLZER, CONSUELO						82 5	Street Ad	Idress (P.O. Box Number is Not	Acceptable	;)		
3933 SE 19TH AVE.						L. L			тоозраск	·,		
	ORAL FL 3					B3						
- " -		1			İ	84 (City				85 Z	Code
						[""]	Oity			FL	63 21	COUR
11. Pursuant	to the provis	ions of Sections 617.05	02 and 617.	.1508, Florida Stat	utes, the al	bove-n	named co	orporation submits this statemen	for the pu	rpose of	changing	its registered
office or r	egistered ag	ent, or both, in the Stat	te of Florida.	. Such change wat	s authorize	d by th	he corpoi	orporation submits this statemen ration's board of directors. I here	by accept	the appo	ointment a	is registered
		1 //	uations of, a	9001002 017.0303, 1	riorida Siai	iules.	- 711	la por	U	29/	49	
SIGNATURE _	Sideman Shad	or printed name of registered as	neol and tile if a	policable (N	OTF: Registere	d Agent s	sinnature rec	quired when reinslating)	_//	DATE	//	
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i		E 19TH AVE.			1	TREET AD	DRESS 6	09SE 28th STRE		. 4		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAPE C VPD NICHOL 1807 SE CAPE C VPD PALMER	ORAL FL 33904 S, MARCIA E 41ST STREET ORAL FL 33904 R, ANNE			1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/	TREET AD (TY-ST-Z TLE AME TREET AD (TTY-ST-) TLE AME	DORESS & CONTROL OF CO	oogse 28th STRE CAPE CORAL - FL YPD OOLZER CONSUEL 3933 SE 19th AV	3390 O E			
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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.