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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711125** (5)

1. Corporation Name

CAPE CORAL COMMUNITY THEATRE, INC.

Principal Place of Business

Mailing Address

P O BOX 974
CAPE CORAL FL 33910

P O BOX 974
COPE CORAL FL 33910-0974



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1966		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1155302		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLZER, CONSUELO
3933 SE 19TH AVE.
CAPE CORAL FL 33904

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

(Consuelo Holzer)
Signature typed or printed name of registered agent and title if applicable.

(Consuelo Holzer) Vice Pres.
(NOTE: Registered Agent signature required when reinstating)

4/29/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLZER, CONSUELO	1.2 NAME	PALMER ANNE
STREET ADDRESS	3933 SE 19TH AVE.	1.3 STREET ADDRESS	609 SE 28th STREET
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	CAPE CORAL - FL 33904
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, MARCIA	2.2 NAME	HOLZER CONSUELO
STREET ADDRESS	1807 SE 41ST STREET	2.3 STREET ADDRESS	3933 SE 19th AVE
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ANNE	3.2 NAME	
STREET ADDRESS	609 SE 28TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLY, DEBBIE	4.2 NAME	
STREET ADDRESS	3760 SE 1ST AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, LEE	5.2 NAME	
STREET ADDRESS	4224 SE 19TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHIRLEY	6.2 NAME	
STREET ADDRESS	1836 SE 40TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

(Consuelo Holzer)
Signature typed or printed name of registered agent and title if applicable.

4/29/97
DATE

CR2E037 (9/96)