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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711125

1. Corporation Name

CAPE CORAL COMMUNITY THEATRE, INC.

Principal Place of Business

P O BOX 974
COPE CORAL FL 33910

Mailing Address

P O BOX 974
COPE CORAL FL 33910



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/05/1966

4. FEI Number

59-1155302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **PALMER, ANNE**
STREET ADDRESS **609 SE 28TH CT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VPD** ☐ DELETE
NAME **CONSUELO, HOLZER**
STREET ADDRESS **3933 SE 19TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VD** ☐ DELETE
NAME **GRABOYES, MARILYN**
STREET ADDRESS **735 SE 43RD ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** ☐ DELETE
NAME **MANNO, LENI**
STREET ADDRESS **4109 SE 9TH CT**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☐ DELETE
NAME **ANDERSON, SHIRLEY**
STREET ADDRESS **1836 SE 40TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **OTTO, Lee**
1.4 CITY-ST-ZIP **4224 SE 19th Ave**
Cape Coral, FL 33904 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME **HOLZER, Consuelo**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Shirley Anderson* **SHIRLEY ANDERSON**

Jan 6, 1998

941-549-7244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)