


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90422 042 \*\*\*\*61.25

<b>DOCUMENT # 711125</b> 1. Entity Name <b>CULTURAL PARK THEATRE COMPANY, INC.</b>					
Principal Place of Business <b>CULTURAL PARK THEATRE 528 CULTURAL PARK BLVD CAPE CORAL, FL 33990</b>			Mailing Address <b>PO BOX 150022 COPE CORAL, FL 33910  CAPE Coral</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>CAPE CORAL, FL 33910</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-1155302</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CALIFANO, PAULINE 4525 COUNTRY CLUB BLVD #108 CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NABATOFF, A. DAVID 4204 COUNTRY CLUB BLVD CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V JENKINS, JUDY 1407 SE 22ND STREET D CAPE CORAL, FL 33990</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V FAVICCHIA, ABBY 1214 SE 26TH STREET CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3V STEELE, DICK 3414 SW 29TH AVE CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS KERSEY, TERRY 1736 EMERALD COVE CIR CAPE CORAL, FL 33991</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STOUT, MARILYN 2907 SW 29TH AVE CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Effective May 2005 P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Richard Steele</b> <b>3414 SW 29th Avenue</b> <b>Cape Coral, FL 33914</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Marilyn Graboyes</b> <b>14600 Glen Cove Dr. #302</b> <b>Et. Myers, FL 33919</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Cheryl Leftwich</b> <b>4111 SE 1st Avenue</b> <b>Cape Coral, FL 33904</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Sherry Sapienza</b> <b>1628 Academy Blvd</b> <b>Cape Coral, FL 33990</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS <input type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Lee Otto</b> <b>4127 Palm Tree Blvd</b> <b>Cape Coral, FL 33904</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Susan Barrafato</b> <b>2936 SW 9th Place, Cape Coral 33914</b>				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Richard B. Steele</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>April 27, 2005</b> <small>Date Daytime Phone #</small>					

14014609



04202005 Chg-NP CR2E037 (10/03)