

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 006 ****61.25

DOCUMENT # 711125

1. Entity Name
CULTURAL PARK THEATRE COMPANY, INC.



Principal Place of Business
**CULTURAL PARK THEATRE
528 CULTURAL PARK BLVD
CAPE CORAL, FL 33990**

Mailing Address
**PO BOX 150022
COPE CORAL, FL 33910**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1155302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, MICHAEL D
12645 S. STREET
FORT MYERS, FL 33905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MORAN, MICHAEL D | |
| STREET ADDRESS | 12645 50 STREET | |
| CITY-ST-ZIP | FORT MYERS, FL 33905 | |
| TITLE | 1VP | <input checked="" type="checkbox"/> Delete |
| NAME | HEIN, LAURA | |
| STREET ADDRESS | 2217- SW 43 RD TERR. | |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Delete |
| NAME | KUENNE, LOIS | |
| STREET ADDRESS | 2475 BRIDGE RD. | |
| CITY-ST-ZIP | N. FORT MYERS, FL 33905 | |
| TITLE | RS | <input checked="" type="checkbox"/> Delete |
| NAME | OTTO, LEE | |
| STREET ADDRESS | 4127 PALM TREE BLVD. | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | DRESCHER, LADELL | |
| STREET ADDRESS | 1732 SAVONA PKWY | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OTTO, LEE | |
| STREET ADDRESS | 4127 Palm Tree Blvd | |
| CITY-ST-ZIP | Cape Coral, FL 33904 | |
| TITLE | 1VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUENNE, LOIS | |
| STREET ADDRESS | 2475 Bridge Rd. | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33905 | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kelly, Rose | |
| STREET ADDRESS | 2710 Del Prado Blvd #2167 | |
| CITY-ST-ZIP | Cape Coral, FL 33904 | |
| TITLE | RS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Spencer, Melina | |
| STREET ADDRESS | 2015 SW 8th St | |
| CITY-ST-ZIP | Cape Coral, FL 33991 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Harris, Martin | |
| STREET ADDRESS | 525 Coral Dr. | |
| CITY-ST-ZIP | Cape Coral, FL 33904 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #