FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718666 (1)

1. Corporation Name
WINTER HAVEN COMMUNITY THEATER, INC.

Principal Place of Business	Mailing Address
210 CYPRESS GARDENS BLVD. P O DRAWER 1230 WINTER HAVEN FL 33882-8230	210 CYPRESS GARDENS BLVD. P O DRAWER 1230 WINTER HAVEN FL 33882-8230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1970
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1950683 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PLATT, JAMES
816 WOODMONT LANE
LAKELAND FL 33813

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD	☒ Change ☐ Addition
NAME	PLATT, JAMES	12 NAME	SHEIL PATRICK	
STREET ADDRESS	816 WOODMONT LANE	13 STREET ADDRESS	50 W LAKE HAMILTON CIRCLE	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VCD	21 TITLE	VCD	☒ Change ☐ Addition
NAME	SHEIL PATRICK	22 NAME	GERNERT BOB	
STREET ADDRESS	50 W. LAKE HAMILTON CIRCLE	23 STREET ADDRESS	1433 N LAKE HOWARD DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	CASSELL, MARY ANN	32 NAME		
STREET ADDRESS	104 PERRY AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	QUARLES, RUSSELL L	42 NAME		
STREET ADDRESS	700 MIRROR TERRACE, NW	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BARNETT, JAMES	52 NAME	BRUGGEMAN MILDRED J	
STREET ADDRESS	703 AVE L, SE	53 STREET ADDRESS	661 AUGUSTA ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP	WINTER HAVEN FL 33884-1202	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	CARNE, EDWIN T	62 NAME	PEACOCK GARY	
STREET ADDRESS	9 OAK RIDGE RD	63 STREET ADDRESS	5626 TREESTAND LANE	
CITY-ST-ZIP	DAVENPORT FL	64 CITY-ST-ZIP	LAKELAND FL 33813	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: RUSSELL L QUARLES, TREASURER 04-24-95 813 299-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004481