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May 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **718666** (1)

1. Corporation Name

**WINTER HAVEN COMMUNITY THEATER, INC.**

Principal Place of Business

**210 CYPRESS GARDENS BLVD.  
P O DRAWER 1230  
WINTER HAVEN FL 33882-8230**

Mailing Address

**210 CYPRESS GARDENS BLVD.  
P O DRAWER 1230  
WINTER HAVEN FL 33882-1230**



3. Date Incorporated or Qualified **06/12/1970** 3a. Date of Last Report **05/20/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLATT, JAMES  
816 WOODMONT LANE  
LAKELAND FL 33813**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHEIL, PATRICK</b>	
STREET ADDRESS	<b>50 W LAKE HAMILTON CIR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	<b>GERNERT, BOB</b>	
STREET ADDRESS	<b>1433 N LAKE HOWARD DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>CASSELL, MARY ANN</b>	
STREET ADDRESS	<b>3834 GAINES COURT</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	<b>PETTIT, SHARON</b>	
STREET ADDRESS	<b>724 CANBERRA</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>BRUGGEMAN, MILDRED J.</b>	
STREET ADDRESS	<b>661 AUGUSTA RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	<b>VERRILL, PETER</b>	
STREET ADDRESS	<b>305 HAMILTON SHORES</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

1.1 TITLE	<b>CE/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAEHNIGEN, ROLF</b>	
1.3 STREET ADDRESS	<b>1314 28th Street NW</b>	
1.4 CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>FISHER, ROBERT</b>	
2.3 STREET ADDRESS	<b>107 E. LAKE STREET</b>	
2.4 CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>C/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VERRILL, PETER</b>	
6.3 STREET ADDRESS	<b>305 HAMILTON SHORES</b>	
6.4 CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 appointment with an address.

SIGNATURE: **SHARON PETTIT, TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/97

(941) 294-7411

Date

Daytime Phone # 0064741

CR2E037 (9/96)