## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 718666**

1. Corporation Name

THEATRE WINTER HAVEN, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

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

## FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90001 008 \*\*\*\*61.25



3. Date Incorporated or Qualifed

06/12/1970

59-1950683

4. FEI Number

22		27					39-1930003		Not	Applicable
City & State	e e		City & State				F 0 111 1 101 1 7 1		\$8.75 A	dditional
23	28						5. Certifcate of Status Desired		Fee Required	
Zip	Country		Zip	Coun	try		6. Election Campaign Finance	ina —	\$5.00	May Be
24	25	29		30	Ť		Trust Fund Contribution	"" <sup>g</sup> 🔲	Added to	•
24	9. Name and Address of Current		red Agent	100			10. Name and Address of No	w Registered	Agent	
	or italie and radioso of ourient			1	81	Name				
	T LIMPENOE O L			-						
STEWART, LAWRENCE C J					82	Street Ac	dress (P.O. Box Number is Not Acc	ceptable)		
659 AVE A NW					83					
WINTERF	HAVEN FL 33881			L						
					84	City		FL	85 Zip C	ebo
44 Dumunt	to the provisions of Sections 617.0502	2 and 61	7 1508 Florida Statut	es the ah	ove	-named co	proporation submits this statement for	the purpose of	changing its	registered
office or r	registered agent, or both, in the State o	of Florida	ı. Such change was a	utnonzed	by t	ine corpora	ation's board of directors. I hereby a	ccept the appo	intment as reg	jistered
agent. I a	m familiar with, and accept the obligat	ions of, S	Section 617.0503, Flo	rida Statut	tes.					
SIGNATURE		1 100 10	VIII. ALASE	. Dominion - A		olanoturo	uired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent		···	13.	gent	signature requ	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	CT	OFFICERS AND DIRECTORS			1.1 TITLE		r/Tr		Change	☐ Addition
	JAEHNIGEN, ROLF	_			1.2 NAME		1/11			
NAME	1314 28TH STREET NW			1		ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	WINTER HAVEN FL		☐ DELETE	1.4 CITS 2.1 TITL			C/Tr		Change	Addition
TITLE	CET HOWARD	L3 beccie			2.2 NAME		-/ II			
NAME	LEVASSEUR, HOWARD					*DDDCCC				
STREET ADDRESS	999 OLEANDER DR SE	l			2.3 STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL-33880	□ DELETE			2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
TITLE	ST		□ beceir							
NAME	SPRUNGER, LISA			3.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33880		(7) DELETE	3.4. CIT			···		Change	Addition
TITLE	TT		DELETE	4.1 TITL		1 -	Fin Dir		Unlarige	AAT
NAME	PETTIT, SHARON			4. 2 NA		1.	QUARLES, RUSSELL L			
STREET ADDRESS	724 CANBERRA						700 MIRROR TERRACE			
CITY-ST-ZIP	WINTER HAVEN FL				Y-\$T-		NINTER HAVEN FL 338	81 <b>-</b> 2389_	Change	Addition
TITLE	<b>T</b>		☐ DELETE	5.1 TITL		(	C/Elect Tr		<b>X</b> Change	☐ Addition
NAME	DERSHIMER, MARCIE			5.2 NAA						-
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33881			5.4 CIT		-ZIP				□ Andiet
TITLE	T		☐ DELETE	6.1 TTTL					Change	☐ Addition
NAME	VERRILL, PETER			6.2 NAM						
STREET ADDRESS	305 HAMILTON SHORES			6.3 STF	REET.	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			6.4 CIT						<del> </del>
14. I hereby	certify that the information supplied wit	th this fili	ng does not qualify fo	r the exem	nptic	on stated i	in Section 119.07(3)(i), Florida Statu ture shall have the same legal effect	tes. I further ce	rtify that the it	ntormation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that if an officer or director of the corporation or the receiver or trustee empoyened 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 or an attachment with an address with all other like empowered.

RISSELL 1. OF INDIES ETMANGER TOTAL RUSSELL L. QUARLES FINANCIAL DIRECTOR

SIGNATURE:

Applied For

Not Applicable