

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90209 012 ****61.25

DOCUMENT # 718666 1. Entity Name THEATRE WINTER HAVEN, 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 33882-8230		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1950683	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANTZLELR, RICK 600 W LAKE OTIS DR WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY- ST- ZIP	VP GAGGELL, MARYANN 3834 GAINS CT WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CTR GAMBLE, RON 1087 HWY 92 W AUBURNDAL, FL 33823		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST DUGGAR, DEB 123-22ND ST N.W. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ☒ Change ☒ Addition Hemenway, Christy 2 Tera Lane Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TTR RIGGS, MARILYN 137 HAMPDEN ROAD WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CETR PECK, MARYLY VANLEER 1290 HOWARD TERRACE NE WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BMBR FISCHER, KATHY 1086 W LAKE OTIS DR WINTER HAVEN, FL 338804228		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: <i>Norman Smith</i> 4/12/04					