

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

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**



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1950683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DANTZLELR, RICK
600 W LAKE OTIS DR
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSELL, MARYANN 3834 GAINS CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR GAMBLE, RON 1087 HWY 92 W AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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	CETR PECK, MARYLY VANLEER 1290 HOWARD TERRACE NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMBR FISCHER, KATHY 1066 W LAKE OTIS DR WINTER HAVEN, FL 338804228

1/26/05 08:00 AM
01172005-2002-018 51 25

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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: *Norman Small* 1/26/05 863 299-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #