2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# 718666

Entity Name: THEATRE WINTER HAVEN, INC.

Current Principal Place of Business:

210 CYPRESS GARDENS BLVD.
P O DRAWER 1230
WINTER HAVEN, FL 338828230

New Principal Place of Business:

Current Mailing Address:

210 CYPRESS GARDENS BLVD.
P O DRAWER 1230
WINTER HAVEN, FL 338828230

New Mailing Address:

FEI Number: 59-1950683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CASSELL, MARYANN	
Address:	3834 GAINS CT	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	CTR	( ) Delete
Name:	GAMBLE, RON	
Address:	1087 HWY 92 W	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	VP	( ) Delete
Name:	HEMENWAY, CHRISTY	
Address:	2 TERA LANE	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	TTR	( ) Delete
Name:	RIGGS, MARILYN	
Address:	137 HAMPDEN ROAD	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	CETR	( ) Delete
Name:	PECK, MARYLY VANLEER	
Address:	1290 HOWARD TERRACE NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	BMBR	( ) Delete
Name:	FISCHER, KATHY	
Address:	1066 W LAKE OTIS DR	
City-St-Zip:	WINTER HAVEN, FL 338804228	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SMALL MR. 01/20/2006

Electronic Signature of Signing Officer or Director — Date