2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90036 041 ****61.25

DOCUMENT # 718666

1. Entity Name
THEATRE WINTER HAVEN, INC.

60003784

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

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
210 Cypress Gardens Blvd	P.O. Box 1230
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33880 Country: USA	Zip: 33882 Country: USA

4. FEI Number 59-1950683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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: ~~Jim Joiner~~ James T. Joiner
Street Address (P.O. Box Number is Not Acceptable): 880 1st., South
City: Winter Haven, FL Zip Code: 33880

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: James T. Joiner 1/12/07
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, 2007

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	P CASSELL, MARYANN 3834 GAINS CT WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kim Long 401 W. Lake Elbert Dr. NW Winter Haven, FL 33881 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR GAMBLE, RON 1087 HWY 92 W AUBURNDALE, FL 33823	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Pres Mike Stedem PO Box 976 Ft Meade, FL 33841 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEMENWAY, CHRISTY 2 TERA LANE WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Mandy Garrett 1945 8th Terrace SE Winter Haven, FL 33880 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR RIGGS, MARILYN 137 HAMPDEN ROAD WINTER HAVEN, FL 33884 Remains Treasurer	☐ Delete	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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Neal Branch 505 Ave A, NW Winter Haven, FL 33881 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMBR FISCHER, KATHY 1066 W LAKE OTIS DR WINTER HAVEN, FL 338804228 Remains Boardmember	☐ Delete	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 exemptions contained 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 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: [signature] 1/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #