

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718666

FILED
Mar 05, 2009
Secretary of State

Entity Name: THEATRE WINTER HAVEN, INC.

Current Principal Place of Business:

210 CYPRESS GARDENS BLVD.
P O DRAWER 1230
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 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:

JOINER, JAMES T
880 1ST SOUTH
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: STEDEM, MIKE
Address: PO BOX 976
City-St-Zip: FORT MEADE, FL 33841

Title: VP () Delete
Name: BRINSON, KEMP
Address: PO BOX 24627
City-St-Zip: LAKE LAND, FL 33802

Title: S () Delete
Name: JARRETT, MANDY
Address: 1945 8TH TERR SE
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: BRANCH, NEAL
Address: 505 AVE NW
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: P (X) Change () Addition
Name: BRINSON, KEMP
Address: 500 S. FLORIDA AVE. - SUITE 800
City-St-Zip: LAKE LAND, FL 33801 US

Title: VP (X) Change () Addition
Name: LONG, KIM
Address: 401 W. LAKE ELBERT DRIVE, NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: S (X) Change () Addition
Name: BATES, SHARON
Address: 9138 LAKE RUBY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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 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: MARILYN RIGGS

TTR

03/05/2009

Electronic Signature of Signing Officer or Director

Date