NPs.

500291313695

NP# 18,666

WINTER HAVEN COMMUNITY THEATER, INC.

MICROFILMED

18666

FILED IN OFFICE OF SECRETARY OF STATE, STATE OF FLORIDA
by AW on 6/12/70

TOM ADAMS
SECRETARY OF STATE

copy 1

STRAUGHN & SHARIT
ATTORNEYS AND COUNSELLORS AT LAW
255 MAGNOLIA AVENUE
WINTER HAVEN, FLORIDA
33880

JACK STRAUGHN
JOE L. SHARIT, JR.
R. SCOTT BUNN
CHARLES R. CHILTON

June 8, 1970

FILED
JUN 12 2 43 PM '70
CLERK, DEPT OF STATE
TALLAHASSEE, FLORIDA

Honorable Tom Adams
Secretary of State
Capitol Building
Tallahassee, Florida
32304

Re: Articles of Incorporation for
Winter Haven Community Theater,
Inc. (a corporation not for profit)

Dear Mr. Adams:

We would appreciate your filing the above captioned Articles of Incorporation for a non-profit corporation.

Also enclosed is our check in the amount of $30.00 to cover filing fee and the cost of one certified copy to be returned to this office.

Thank you.

Yours very truly,

CHARLES R. CHILTON

CRC:rmb

Enclosures

C. TAX	
FILING	25.00
C. COPY	5.00
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	30.00
BALANCE DUE	
REFUND	

NON-PROFIT SECTION

property real, personal or mixed, as the purposes of this corporation whether expressed or implied, shall require; associate itself with other persons, corporate or natural, for the purpose of becoming a member of, and in otherwise associating itself with other corporations, or associations, of a similar or like nature; collect dues, fees, rents, fines, subscriptions and other revenues to

ARTICLES OF INCORPORATION

OF

WINTER HAVEN COMMUNITY THEATER, INC.

(a corporation not for profit)

FILED
JAN 12 2 43 PM '70
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned have associated ourselves together, and do hereby associate ourselves together, for the purpose of becoming incorporated under the laws of the State of Florida as a corporation not for profit, pursuant to the following Articles of Incorporation:

ARTICLE I - NAME

The name of this corporation shall be WINTER HAVEN COMMUNITY THEATER, INC. Its principal office shall be in the Department of Recreation, Winter Haven, Polk County, Florida.

ARTICLE II - PURPOSES

The general nature of the objects and purposes of the corporation shall be as follows:

(a) The primary purpose of the corporation shall be the funding and operation of a special interest group of the Winter Haven Department of Recreation dedicated to the involvement of a maximum number of people in the production and presentation of entertainment chosen for its widest possible popular appeal, providing an arena for the talents, arts and crafts of the performing arts, the training of those who express an interest therein and the stimulation of greater audience participation in the performing arts by present and future generations.

(b) The corporation shall be empowered to publish papers, pamphlets, books and magazines; acquire, rent, lease, let, hold, own, buy, convey, mortgage, bond, sell, or assign, property real, personal or mixed, as the purposes of this corporation whether expressed or implied, shall require; associate itself with other persons, corporate or natural, for the purpose of becoming a member of, and in otherwise associating itself with other corporations, or associations, of a similar or like nature; collect dues, fees, rents, fines, subscriptions and other revenues to

the advantage of the corporation, and to do and perform all such other acts and things, including those generally allowed by the laws of the State of Florida relative to corporations not for profit, as now existing, or as the law may henceforth provide, as from time to time may be necessary, or expedient in the exercise of any or all of its corporate functions, powers and rights.

ARTICLE III - QUALIFICATION OF MEMBERS

The members of this corporation shall be the subscribers, and such other persons as may from time to time become members as provided in the by-laws. Membership in the corporation shall be mandatory upon all persons participating in its activities and open to all persons upon payment of current dues. Classifications of membership based upon the amount of dues paid may be stipulated in the by-laws.

ARTICLE IV - TERM OF EXISTENCE

This corporation shall have perpetual existance.

ARTICLE V - SUBSCRIBERS

The names and residences of the subscribers and incorporators are as follows:

Andrew P. Ireland	200 Avenue "K" SE Winter Haven, Florida 33880
William E. Rynerson	111 S. Lake Silver Drive Winter Haven, Florida 33880
Edward H. Kendall	921 Piedmont Drive, SE Winter Haven, Florida 33880
Helene P. Schulz	2920 E. Lake Hartridge Drive Winter Haven, Florida 33880
Marjorie Brandon	280 Overlook Drive Winter Haven, Florida 33880
Jack Straughn	601 Lake Florence Drive S Winter Haven, Florida 33880
Bob Hill (Director of the Department of Recreation)	1498 Avenue "F" NE Winter Haven, Florida 33880

ARTICLE VI - MANAGEMENT OF CORPORATION

The affairs and business of this Corporation shall be conducted and managed by the Board of Trustees of the Corporation, and a President, Vice-President, Secretary and Treasurer. The President, Vice-President and Secretary shall be chosen by the Production Committee as provided in the by-laws. The Treasurer shall be selected by a majority vote of the Board of Trustees.

ARTICLE VII - OFFICERS

The names of the officers who are to serve until the first election are:

Andrew P. Ireland	President	200 Avenue "K", SE Winter Haven, Florida 33880
William E. Rynerson	Vice-President	111 S. Lake Silver Drive Winter Haven, Florida 33880
Marjorie Brandon	Secretary	280 Overlook Drive Winter Haven, Florida 33880
Bob Hill (Director of the Department of Recreation)	Treasurer	1498 Avenue "F", NE Winter Haven, Florida 33880

ARTICLE VIII - BOARD OF TRUSTEES

The Board of Trustees shall be composed of seven (7) persons chosen for their interest in the needs of the community and their experience in encouraging community projects, one of whom shall be the Director of the Department of Recreation or his designee, and shall be self-perpetuating with vacancies filled by the majority vote of the membership. Each Trustee shall be elected for a term of three (3) years, with the exception of the Director of the Department of Recreation, or his designee, who shall be a permanent member. The first rotating Board of Trustees, their remaining terms of office, and their respective addresses are as follows:

NAMES	TERM OF OFFICE EXPIRES	ADDRESSES
Andrew P. Ireland	1973	300 Avenue "X" SE Winter Haven, Florida 33880
William E. Rynerson	1973	111 S. Lake Silver Drive Winter Haven, Florida 33880
Edward H. Kendall	1972	921 Piedmont Drive, SE Winter Haven, Florida 33880
Jack Straughn	1972	601 Lake Florence Drive S Winter Haven, Florida 33880
Helene P. Schulz	1971	2920 E. Lake Hartridge Drive Winter Haven, Florida 33880
Marjorie Brandon	1971	280 Overlook Drive Winter Haven, Florida 33880
Bob Hill (Director of the Department of Recreation)	Perpetual	1498 Avenue "F" NE Winter Haven, Florida 33880

ARTICLE IX - ACTIVITIES OFFERED

The activities offered to general members by the Corporation shall be designated as, but not limited to, Community Productions, Children's Productions, a Theater Orchestra and a Theater School. The participation of the general membership of the Corporation shall include, but not be limited to, the following committees: Technical, House, Advertising and Fund-Raising, Membership, Play-reading, and Production.

ARTICLE X - BY-LAWS

The by-laws of the Corporation shall be made by the Board of Trustees and may be amended, altered or rescinded by a majority of the membership present at any regular or special meeting called for that purpose. The by-laws may also be amended, altered or rescinded by a majority vote of the Board of Trustees present at any regular or special meeting called for that purpose.

ARTICLE XI - AMENDMENTS

The Articles of Incorporation shall be amended by a two-thirds majority vote of the Board of Trustees at any regular or special meeting called for that purpose.

IN WITNESS WHEREOF we have hereunto set our hands and seals, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 3rd day of June, 1970.

Andrew P. Ireland (SEAL)

William E. Ryneraon (SEAL)

Edward H. Kendall (SEAL)

Jack Straughn (SEAL)

Helene P. Schulz (SEAL)

Marjorie Brandon (SEAL)

Bob Hill, Director of the Department of Recreation (SEAL)

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on this 3rd day of June, 1970, before me the undersigned authority, personally appeared ANDREW P. IRELAND, WILLIAM E. RYNERSON, EDWARD H. KENDALL, JACK STRAUGHN, HELENE P. SCHULZ, MARJORIE BRANDON, BOB HILL (Director of the Department of Recreation), who are well known to me and known to be the persons described in and who executed the foregoing instrument, and severally acknowledged the execution of said instrument for the uses and purposes therein stated, and that they were natural persons competent to contract.

Notary Public
State of Florida at Large

My Commission expires:

Notary Public, State of Florida at Large
My Commission Expires July 29, 1972
Bonded By Aetna Ins. & Surety Co.

(SEAL)

CORPORATION NOT FOR PROFIT

No. 18666

Resident Agent Certificate

NAME

MICROFILMED

18666

FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA

TOM ADAMS
SECRETARY OF STATE

BY

corp-31

STATE OF FLORIDA

OFFICE

SECRETARY OF STATE

FILED

CORPORATION NOT FOR PROFIT

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served

In pursuance of Section 617.023, Florida Statutes, the following is submitted, in compliance with said Act:

First—That Winter Haven Community Theater

a corporation not for profit duly organized and existing under the laws of the State of Florida

with its principal place of business at City of Winter Haven

County of Polk, State of Florida

has designated and established 209 Ave. E, N.W.

(Street address and building number, P.O. box address not acceptable)

AM -6 8 - 34200 *****2.00

City of Winter Haven, County of Polk

State of Florida, as its place of business or domicile for the service of process within this State, and named as its agents Robert L. Hill

to accept service of process.

Complete the following when there is a change of one or more officers or directors.

OFFICERS: NAME	AFFIX TITLES:	SPECIFIC ADDRESS
Norman Small	President	224 26th St. S.W.
Mrs. Tom Brandon	Vice President	280 Overlook Drive
Mrs. Lillian Arkins	Secretary	Regency Apts. 200 Ave. K, S.E.
David Fultz	Tresurer	2014 Leisure Drive N.W.

DIRECTORS: (THREE (3) required by law) NAME	SPECIFIC ADDRESS
Marji Langin	2965 New Tampa Highway Lakeland, Fla.
Perry Pearson	937 Ave. L, S.E.
Helene Schulz	2920 E. Lake Hartridge Drive

By Norman M. Small
President

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity.

By Robert L. Hill
Resident Agent

Section 617.023, Florida Statutes. Office and resident agent. Every corporation organized hereunder shall maintain an office in this state with a resident agent thereat upon whom process may be served. The resident agent may be either an individual or a corporation. The corporation shall keep the secretary of state informed of the current city, town or village and street address of said office together with the name of the resident agent.

Filing Fee: $2.00

corp. 31
Rev. 12-67

RICHARD (DICK) STONE
Secretary of State
THE CAPITOL
TALLAHASSEE, FLA.
32304

STATE OF FLORIDA
DEPARTMENT OF STATE

PRIVILEGE TAX RETURN

FOR CORPORATIONS & OTHER ENTITIES

BLK. RT.
U.S. POSTAGE
PAID
TALLAHASSEE, FLA.
PERMIT #88

ADDRESS CORRECTION REQUESTED

718666-63-31 06/12/70

13 13 19

WINTER HAVEN COMMUNITY THEATER INC
C/O DEPARTMENT OF RECREATION
WINTER HAVEN FLA 33880

FEB 28 N 10 -321400 *****2.00

DATE DUE: JAN. 1, 1972
DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE

Change Mailing Address to: Same

Zip

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX PROFIT ENTITIES $5.00 NON-PROFIT ENTITIES $2.00

1. (Exact Corporate Name) Winter Haven Community Theatre Inc — 2. Fed. Emp. I.D. No.

3. (Street Address of Principal Office in Fla.) c/o Dept. of Recreation — (City) Winter Haven — (County) Polk — (State) Fla. — (Zip) 33880

	(Officers' Names)	(Titles)	(Street Address)	(City)
4.(a)	Norman M. Small	President	405 Lake Ned Road	W.H.
(b)	Peg Brandon	Vice President/	280 Overlook Drive	W.H.
(c)	Helene Schultz	Secretary	1920 E lk, Hartridge Dr.	W.H.
(d)				
	(Directors, Trustees, Managers)		(Street Address)	(City)
5.(a)	Kay Gratton	Director	1202 W Lk. Otis Dr.	WH.
(b)	Jack Straughn	Director	501 S. Lk. Florence Dr.	WH.
(c)	W.H. Kynerson Sr.	Director	111 S. Lk. Silver Dr.	WH.
(d)	Bill Sims	Director	Dept. of Recreation	WH.
6.	(Resident Agent Name)		(Street Address)	(City)

7. General Nature of Business: non profit theatre

8. Date Formed or Incorporated 9 / / 70

9. If Foreign Corporation, Date Qualified in Florida / /

10. Capital Stock (or number and book value of all certificates of interest or participation):

	Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a)	NONE				$
(b)					$
(c)					$
(d)					$
(e)	Total Book Value of Stock (Certificates) Issued				$

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined each member entitled to view 5 plays. No other rights save eligibility to become officer

12. Close of annual accounting period for this return 8 / 31 / 72

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

[Corporate Seal]

Winter Haven Community Theatre
(Corporate Name)

Attest: _____
Secretary or Assistant Secretary

By: Norman M. Small
President or Vice President

Return Original (with Tax Payment) to DEPARTMENT OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK
PRIVILEGE TAX PROFIT ENTITIES $5.00 NON-PROFIT ENTITIES $2.00

RICHARD (DICK) STONE
SECRETARY OF STATE
The Capitol
Tallahassee, Florida 32304

State of Florida
Department of State
ANNUAL REPORT
for Corporations and Other Entities

BLK. RT.
U.S. POSTAGE
PAID
MIAMI, FLA.
PERMIT NO. 616

ADDRESS CORRECTION REQUESTED
DATE DUE: JAN. 1, 1973
DATE DELINQUENT: MAR. 1, 1973

Please refer to this number for future correspondence regarding this corporation

NAME 718666-63-31 06/12/70 17 1636

ADDR WINTER HAVEN COMMUNITY THEATER INC
C/O DEPARTMENT OF RECREATION
WINTER HAVEN FLA

CITY 33880 JAN 10-73 1 268*****7.00

PLEASE TYPE

CHANGE MAILING ADDRESS TO: _____ Zip

1. WINTER HAVEN COMMUNITY THEATRE INC 2. _____
(Exact Corporate Name) Fed. Emp. I.D. No.

3. Ave F c/o Dept of Recreation Winter Haven Polk Florida 33880
(Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)

	(Officers Names)	(Title)	(Street Address)	(City)	(State)
4. (a)	Norman Small	President	405 Lake Ned	Winter Haven	Fla
(b)	Mrs. Bert Schulz	Vice Pres.	2920 E Lk Hartridge	"	"
(c)					
(d)					

	(Directors, Trustees, Managers)	(Street Address)	(City)	(State)
5. (a)	Norman M. Small	405 Lake Ned Road	Winter Haven	Fla
(b)	Mrs. Tom Brandon	280 Overlook Dr.	Winter Haven	Fla
(c)	Mrs. Merrill Grafton	1202 W Lake Otis Dr.	Winter Haven	Fla
(d)	Mrs. Bert Schulz	2920 E Lake Hartridge	Winter Haven	Fla

	(Florida Resident Agent Name)	(Florida Street Address)	(City)	(Zip)
6.	Dept of Recreation	Ave F N W	Winter Haven	33880

7. General Nature of Business [8][6][9][9] See page 2

8. Date Formed or Incorporated 6/12/70 (MO DA YR)

9. If Foreign Corporation, Date Qualified in Florida ___/___/___ (MO DA YR)

10. Capital Stock (or number and book value of all certificates of interest or participation): SHARES ISSUED

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a)			$	
(b)			$	
(c)			$	

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined all season members entitled to admission to performances

12. Fiscal close of accounting period 8/31 (MO DA)

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

(Corporate Seal) (Corporate Name)

Attest: _____ By: Norman Small
Secretary or Assistant Secretary President or Vice President

Return Original (with Filing Fee) to DEPARTMENT OF STATE
DRAWER 18
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

FILING FEE PER PROFIT ENTITY $5.00
PER NON-PROFIT ENTITY $2.00

Corp - AR73

ANNUAL REPORT
FOR CORPORATIONS AND OTHER ENTITIES

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

507974 FEB -1 PM 12 ~ 84000 *****2.00

SECRETARY OF STATE
RICHARD (Dick) STONE
P.O. BOX 6327
TALLAHASSEE, FLA. 32301

DUE JAN 1, 1974 DELINQUENT JULY 1, 1974

CORP-AR74 PAGE 1

(1) CHARTER NUMBER 71000 (2) DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA. 06/12/1970

(3) EXACT NAME WINTER HAVEN COMMUNITY THEATER INC.

(4) FED. EMP. I.D. NO. 59-???????? (5) SICC 8699 (SEE PAGE 4)

(6) RESIDENT AGENT DEPT OF RECREATION AVE P NW WINTER HAVEN FL 33880

(7) OFFICERS/DIRECTORS NAMES / CITY / STATE

SMALL, NORMA	WINTER HAVEN FL	P
SCHULZ, MRS PERY	WINTER HAVEN FL	V
SMALL, NORMA	WINTER HAVEN FL	D
SCHULZ, MRS PERY	WINTER HAVEN FL	D

(8) FISCAL CLOSE OF ACCOUNTING PERIOD 09

(9) MAILING ADDRESS
71000
WINTER HAVEN COMMUNITY THEATER INC
C/O DEPARTMENT OF RECREATION
WINTER HAVEN FLA 33880

(10) PRIMARY STOCK

AUTH. STK PAR VALUE

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE Norma Small

(11) TITLE President TEL NO. 293-0258

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

(4a) FED. EMPLOYER ID. NO.

(5a) SICC (SEE PAGE 4)

(6a)

(7a)

OFFICERS/DIRECTORS	STREET ADDRESS	TITLE
Norman Small	Winter Haven	
Pea Gannon	Winter Haven	
Kay Gannon	Winter Haven	
Arlene Schulz	Winter Haven	
Wendell Jarvis	Winter Haven	
Ed Balaz	Winter Haven	

- IF ADDITIONAL OFFICERS/DIRECTORS, ATTACH ADDENDUM SHEET -

(8a) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

(9a) Winter Haven Community Theatre
PO Box 1615
Winter Haven, Fla

(9b) STREET ADDRESS

(10a) CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION)

CLASS OR TYPE	PAR, NO. PAR, OR STATED VALUE	SHARES AUTHORIZED	NUMBER BOOK VALUE
(1)			$
(2)			$

(10b) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED
Members entitled to entrance to all shows

(12) RESIDENT AGENT SIGNATURE (IF DIFFERENT FROM NO. 6 ABOVE)

PLEASE READ INSTRUCTIONS ON PAGE 2
FILING FEES $5.00 PROFIT ENTITY $2.00 NON PROFIT

CORPORATION ANNUAL REPORT

MAY 12 75 1 802******

(1) 718066 — CHARTER NUMBER — 8

(2) 06/12/1970 — DATE INC. OR FIRST QUALIFIED IN FLA

(3) SIC — SEE ENVELOPE BACK — 8699

(3a) CHANGE TO:

1974 — YEAR OF LAST RE FILED IN THIS OFF

1975 — YEAR(S) THIS REP COVERS

(4) FED. EMPLOYER I.D.

(4a) CHANGE TO

(5) FISCAL CLOSE OF ACCOUNTING PERIOD (MO) 08

(5a) CHANGE TO

(1) EXACT NAME: WINTER HAVEN COMMUNITY THEATER, INC.

(7) RESIDENT AGENT AND STREET ADDRESS: DEPT OF RECREATION
AVE F NW
WINTER HAVEN, FL 33880

MAY 2 7 15 PM
FLORIDA DEPT OF STATE
CORPORATION FILING
TALLAHASSEE, FLA.
AND FILED

PLEASE READ INSTRUCTIONS ON E

(8) ADDRESS: 718066
WINTER HAVEN COMMUNITY THEATER INC
P.O. BOX 1015
WINTER HAVEN, FL

(8a) CHANGE TO
P.O. BOX

(9)

OFFICERS, DIRECTORS NAMES	STREET ADDRESS	CITY/STATE	TI
SKALL, DURHAN	405 E. Neo Rd.	WINTER HAVEN, FL	PRES
[illegible] PEG	250 CYPRESS DR.	WINTER HAVEN, FL	DIR
CRAFTON, KAY	1202 W. LAKE ONE DR.	WINTER HAVEN, FL	PTR
SCHULZ, HELENE	PO Box 997	~~WINTER HAVEN, FL~~ LAKE ALFRED, FLA	DIR

CAPITAL STOCK

(10)

(11) CAPITAL STOCK — NUMBER & KIND OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION (PLEASE DETAIL) — PAR OR NO PAR OR STATED VALUE — SHARES ALLOTTED — NUMBER & KIND OF VALUE

(11) $

(12) $

* IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO C STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DU PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA ST FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE [signature]

TITLE President — TEL NO 293

DATE 11/29/75

$5.00—PROFIT CORP.
$5.00—NON-PROFIT CORP.

CORPORATION ANNUAL REPORT

DUE—JAN. 1 DELINQUENT—JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

SEND THIS FORM & FILING FEE TO:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

(1) 719666 — CHARTER NUMBER — B

(2) 06/12/1 7 — DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.

(3) SICC — BER ENVELOPE BACK — 9699

(3a) CHANGE TO:

1975 — YEAR OF LAST F FILED IN THIS OF

1976 — YEAR(S) THIS RE COVERS

(4) FED. EMPLOYER ID. NO.

(4a) CHANGE TO.

(5) EXACT NAME — WINTER HAVEN COMMUNITY THEATER, INC.

PLEASE READ INSTRUCTIONS ON BA

(6) ADDRESS — STREET ADDRESS OF PRINCIPAL OFFICE. POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

719666
WINTER HAVEN COMMUNITY THEATER INC
P.O. BOX 1615
405 LK NED RD
WINTER HAVEN, FL

(6a) STREET ADDRESS CHANGE

(7) REGISTERED AGENT AND STREET ADDRESS

DEPT OF RECREATION
AVE F NW
WINTER HAVEN, FL 33880

(7a) REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE INCLUDE REGISTERED OFFICE ADDRES

(8) TYPE CORRECTIONS IN SPACE PROVIDED BELOW. STRIKE THROUGH INCORRECT ENTRIES. CORRECTIONS MUST BE LEGIBLE.

NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLE BE S
SMALL, NORMAN	405 LAKE NED ROAD	WINTER HAVEN, FL	PRES
~~SMALL, REA~~	~~280 OVERLOOK DR.~~	~~WINTER HAVEN, FL~~	~~DIR~~
Guest, Lester	1540 N. Lk. Mirror Dr.	Winter Haven, Fl	Dir
KRAFTH, KAY	1202 W. LAKE ELLIS DR.	WINTER HAVEN, FL	DIR
Barron, John	Ave T. NE	Winter Haven, Fl	Dir
SCHULZ, ARLENE	P O BOX 997/2920 E. Lk Wedgefield	LAKE ALFRED, FL	DIR
Griffith, Florie	435 2nd St NE	Winter Haven, Fla	Dir
Skidmore, Eloise	St. Rd. 540 A	Winter Haven, Fl	Dir
Teeter, Carroll	560 Ave D. SE	Winter Haven, Fl	Dir

DO NOT WRITE IN THIS SPACE — FOR DIVISION USE ONLY

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EX REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERT UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EF MADE UNDER OATH.

SIGNATURE [signature]

TITLE President TEL. NO. 32[illegible]

DATE 2/3/76

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Bruce A. Smathers
Secretary of State

Form COR 620

CORPORATION ANNUAL REPORT

1977

THIS REPORT MUST BE ACCOMPANIED BY A $5 FEE

FILED
FEB 11 11 55 AM 1977
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

718666 WINTER HAVEN
COMMUNITY THEATER, INC.
P.O. BOX 1615
405 LAKE NED RD
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4. Federal Employer Identification Number (FEIN): N/A

5. Date of Last Report: 1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
SMALL, NORMAN	TRUS -PRES	DIR	405 LAKE NED ROAD	WINTER HAVEN, FL
GUEST, LESTER	TRUS	DIR	1540 N LAKE MIRROR DR	WINTER HAVEN, FL
GRAFTON, KAY		DIR	1202 W. LAKE OTIS DR.	WINTER HAVEN, FL
SCHULZ, HELENE		DIR	2920 E LAKE HARTRIDGE	LAKE ALFRED, FL
GRIFFITH, FLORIE		DIR	435 2ND ST NE	WINTER HAVEN, FL
TESTER, CARROLL		DIR	560 AVE E SE	WINTER HAVEN, FL
Ben SKIDMORE, Estate		DIR	SKIDMORE RD.	WINTER HAVEN FLA

7. Registered Agent Information

Name: DEPT OF RECREATION | Street Address (Do NOT Use P.O. Box Number): AVE F NW

City, State and Zip Code: WINTER HAVEN, FL 33880

If you wish to change Registered Agent on this form, enter all new information here ▶

Name | Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

2/11/77

Typed Name of Signing Officer: Norman M Small | Title: Trustee | Telephone Number: 324-3249

Signature: Norman Small | Date: 1/6/76

THIS REPORT MUST BE ACCOMPANIED BY THE $5 FEE

corp-32

NP # 18,666 O

WINTER HAVEN COMMUNITY THEATER, INC.

(X) New Corporation ( ) Reincorporation ( ) Amendment (§617.02)

Filed: 6/12/70 By: Charles R. Chilton, Esq.
Winter Haven, Fla.

( ) Resident agent filed 8/12/70

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1978

Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE (Form COR 520) 12-1-77

FILED
MAY 15 2:00 PM 1978
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

718666 WINTER HAVEN
COMMUNITY THEATER, INC.
P.O. BOX 1615
405 LAKE NED RD
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address: S.W. RECREATIONAL COMPLEX
P.O. Box No.:
City: WINTER HAVEN
State: FLA Zip Code: 33880

3. Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SMALL, NORMAN	DIR	Yes	405 LAKE NED ROAD	WINTER HAVEN, FL
GUEST, LESTER	DIR		1540 N. LAKE MIRROR DR	WINTER HAVEN, FL
GRAFTON, KAY	DIR		1202 N. LAKE OTIS DR.	WINTER HAVEN, FL
SCHULZ, HELENE	DIR		2920 E LAKE HARTRIDGE	LAKE ALFRED, FL
GRIFFITH, FLORIE	DIR		435 2ND ST NE	WINTER HAVEN, FL
TEETER, CARROLL	DIR		560 AVE E SE	WINTER HAVEN, FL

7. Registered Agent Information

Name: DEPT OF RECREATION
Street Address (Do NOT Use P.O. Box Number): AVE F NW
City, State and Zip Code: WINTER HAVEN, FL 33880

If you wish to change Registered Agent on this form, enter all new information here ▶

Name: Dept of Recreation
Street Address (Do NOT Use P.O. Box Number): S.W. Recreational Complex
City, State and Zip Code: WINTER HAVEN FLA 33880

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Title Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

RS 6/15/78

Typed Name of Signing Officer: Norman M. Small
Title: TREASURER-DIRECTOR
Telephone Number: 324-3249

Signature: Norman Small
Date: 1/4/78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

IN 13-79 2 1732******10.00

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1. Name and Address of Corporation Principal Office:

718666
WINTER HAVEN COMMUNITY THEATER INC
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 6/12/1970

4. Federal Employer Identification Number (FEIN): N/A

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SMALL, NORMAN	T/D	405 LAKE NED ROAD	WINTER HAVEN, FL
GUEST, LESTER	D/P	1540 N LAKE MIRROR DR	WINTER HAVEN, FL
GRAFTON, KAY	D	1202 W. LAKE OTIS DR.	WINTER HAVEN, FL
SCHULZ, HELENE	D	2920 E LAKE HARTRIDGE	LAKE ALFRED, FL
GRIFFITH, FLORIE	D	435 2ND ST NE	WINTER HAVEN, FL
TEETER, CARROLL	D	560 AVE E SE	WINTER HAVEN, FL
[illegible] SHIRLEY	D	1081 K FLORENCE DR	WINTER HAVEN FLA
WELLS PAUL	D	RT 1 BOX 660	AUBURNDALE FLA

7. Registered Agent Information

	If you wish to change Registered Agent on this form, enter all new information below.
Name: DEPT OF RECREATION	Name:
Street Address (Do NOT Use P.O. Box Number): AVE F NW	Street Address (Do NOT Use P.O. Box Number): S.W. Recreation Complex
City, State and Zip Code: WINTER HAVEN, FL 33880	City, State and Zip Code:

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

DO NOT WRITE IN THIS SPACE

1-23-79

Typed Name of Signing Officer: Norman Small

Title: Treasurer

Telephone Number: 321-3249

Signature: Norman Small

Date: 1/4/79

(Form COP 620 Rev 12/78)

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE
ANE
FILED
Apr 3 11 59 PM 1980
FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

718666
WINTER HAVEN COMMUNITY THEATER INC
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.
Street Address
P.O. Box No.
City
State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
6/12/1973	NA	1979

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SMALL, NORMAN	T/D	495 LAKE NED ROAD	WINTER HAVEN, FL
GUEST, LESTER	V/D	1540 N LAKE MIRROR DR	WINTER HAVEN, FL
~~Fisher, Dot~~ ~~GRAFTON, KAY~~	D	107 E LK DR ~~1202 W. LAKE OTIS DR.~~	HAINES CITY FLA WINTER HAVEN, FL
SCHULZ, HELENE	D	2920 E LAKE HARTRIDGE	LAKE ALFRED, FL
~~Quarles, Russell~~ ~~GRIFFITH, FLORIE~~	~~D~~	700 MIRROR TERR NW ~~433 2ND ST NE~~	WINTER HAVEN, FL
TEETER, CARROLL	D	560 AVE E SE	WINTER HAVEN, FL
Beary, Robert	P/D	3000 W. LK Hartridge	W " FLA
SHULL, CA	D	114 LK OTIS RD.	" " "

7. Registered Agent Information

Name
DEPT OF RECREATION
Street Address (Do NOT Use P.O. Box Number)
AVE F NW, SW RECREATIONAL COMPLEX
City, State and Zip Code
WINTER HAVEN, FL 33880

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer: Norman Small
Title: Treasurer
Telephone Number: 324 3249
Signature: Norman Small
Date: 2/25/80

718666 03-07-80 2 6 160 10.00

DO NOT WRITE IN THIS SPACE
4 3 80

(Form COR 820 Rev. 11/16/79)

COMMISSION • MANAGER GOVERNMENT

City of Winter Haven, Florida

IN THE HEART OF IMPERIAL POLK COUNTY

WINTER HAVEN COMMUNITY THEATRE / S. W. COMPLEX
P.O. BOX 1415
WINTER HAVEN, FLORIDA 33880

Amend

718666

September 16, 1980

Department of State
State of Florida
The Capitol
Tallahassee, Florida 32304

RECEIVED
DEPT. OF STATE
SEP 19 1980
REVENUE

FILED
SEP 24 10 16 AM '80
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
DEPT. OF STATE
SEP 19 1980
REVENUE

Gentlemen:

I am enclosing an Amendment to the Articles of Incorporation of the Winter Haven Community Theatre, Inc., executed by the Chairman of the Board of Trustees and Secretary of the Corporation on September 12, 1980. A check for $15.00 for filing fee is enclosed.

After the above Amendment is filed, please forward to me a certified copy of the original documents and all amendments thereto. A check for $5.00 is enclosed.

Sincerely,

9/24/80

Russell L. Quaries
Vice Chairman
Board of Trustees

Note *

CHARTER TAX STAMP

153

RLQ/hw

encls.

CC 07
Original
Articles 7
All Amends

C. TAX
FILING 15
C. CERT. FEE
C. COPY 5
20
DUE

LF

given to Teresa to send out

AMENDMENT

ARTICLES OF INCORPORATION

OF

WINTER HAVEN COMMUNITY THEATER, INC.

FILED

Sep 24 10 16 AM '80

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE XII - DISSOLUTION

In the event of dissolution, the residual assets of the Corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501 (C) (3) and 170 (C) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or local government for exclusive public purpose.

We hereby certify that we are duly elected and qualified Officers of the Winter Haven Community Theater, Inc. and the foregoing Amendment to the Articles of Incorporation of said Corporation was authorized by the Board of Trustees of the Winter Haven Community Theater, Inc. on the twelfth day of September, 1980 in accordance with Article XI of the Articles of Incorporation.

Robert E. Berry
Chairman
Board of Trustees

Helene P. Schulz
Secretary

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
Jon Levitt
Assistant Secretary of State

DIVISION OF CORPORATIONS
April 19, 1981

N18666

Russell L. Quarles
P. O. Box 1615
Winter Haven, Fla. 33880

005 .1 5/28/81 718999
4935 5/28/81 15.00 CK
005 .26 10.00 CK

Subject: WINTER HAVEN COMMUNITY THEATER, INC.

Ref: # 24

We have received your amendment for WINTER HAVEN COMMUNITY THEATER, INC., and check(s) totaling $20.00. However, the amendment has not been filed and is being returned to you for the following:

Please send additional 5.00 for certified copy of Amendment file September 24, 1981

Please return the enclosed check for $20.00 (or a newly-issued check) with your corrected amendment.

If you have further questions concerning the filing of your amendment, please call (904)488-9020

C. TAX
FILING 15
R. AGENT FEE
C. COPY 10
TOTAL 25 $5.00 for certified
N. BANK Copy of amendment
BALANCE DUE filed 9-24-80
REFUND

Sincerely,

D. W. McKinnon

D. W. McKinnon, Director
Division of Corporations

DWM/jm

FLORIDA-State of the Arts

The Capitol, Tallahassee, Florida 32301

COMMISSION-MANAGER GOVERNMENT

City of Winter Haven, Florida

IN THE HEART OF IMPERIAL POLK COUNTY

WINTER HAVEN COMMUNITY THEATRE/S.W. COMPLEX
P.O. BOX 1415
WINTER HAVEN, FLORIDA 33880

April 16, 1981

Florida Department of State
Division of Corporations
The Capitol Building
20th Floor
Tallahassee, Florida 32301

Re: Charter Number 718666

Dear Ms. J. Maynard:

I am enclosing an Amendment to the Articles of Incorporation of the Winter Haven Community Theater, Inc. executed by the Chairman of the Board of Trustees and Secretary of the Corporation. This Amendment is required by the Internal Revenue Service for our application as an exempt organization.

Please file the above Amendment and forward to me a certified copy of this Amendment. I am also enclosing a copy of an Amendment, Article XII-Dissolution, filed with you on September 24, 1980. Please send me a certified copy of this Amendment also.

Your promptness in filing the attached Amendment and sending me certified copies of both Amendments will be appreciated, as I must file these documents with the Internal Revenue Service prior to April 30, 1981.

Sincerely,

Russell L. Charles
Vice Chairman
Board of Trustees

RLC/mw

P.S. I am enclosing a check totaling $20.00 for filing charges and my request for certified copies.

2.41.7

FILED
APR 23 1981
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT

ARTICLES OF INCORPORATION

OF

WINTER HAVEN COMMUNITY THEATER, INC.

Mar 8 1 48 PM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PURPOSES

The entire article is deleted and the following is substituted:

The general nature of the objects and purposes of the corporation shall be as follows:

(a) The primary purpose of the corporation shall be the funding and operation of a maximum number of people in the production and presentation of entertainment chosen for its widest possible popular appeal, providing an area for the talents, arts and crafts of the performing arts, the training of those who express an interest therein and the stimulation of greater audience participation in the performing arts by present and future generation.

(b) Notwithstanding any other provision of these articles, these purposes are limited to those described in Section 501 (c) (3) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Law.

(c) The corporation shall be empowered to publish papers, pamphlets, books and magazines; acquire, rent, lease, let, hold, own, buy, convey, mortgage, bond, sell, or assign, property real, personal or mixed, as the purposes of this corporation whether expressed or implied, shall require; associate itself with other persons, corporate or natural, for the purpose of becoming a member of, and in otherwise associating itself with other corporations, or associations, of a similar or like nature; collect dues, fees, rents, fines, subscriptions and other revenue to the advantage of the corporation, and to do and perform all such other acts as from time to time may be necessary, or expedient in the exercise of any or all of its corporate functions, powers and rights.

(d) Notwithstanding any other provision of these articles, this corporation will not carry on any other activities not permitted to be carried on by (a) a corporation exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954 or corresponding provision of any future United States internal revenue law or (b) a corporation, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Law.

We hereby certify that we are duly elected and qualified officers of the Winter Haven Community Theatre, Inc. and we are authorized to file the foregoing Amendment to the Articles of Incorporation of said Corporation in accordance with the approval of the Board of Trustees of the Winter Haven Community Theater, Inc. under Article XI of the Articles of Incorporation.

Robert N. Berry
Chairman
Board of Trustees

Helen P. Schulz
Secretary

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED

JAN 19 12 55 PM '81

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

718666
WINTER HAVEN COMMUNITY THEATER INC
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 6/12/1970

4. Federal Employer Identification Number (FEIN): 59-1950632

5. Date of Last Report: 1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SMALL, NORMAN	T/D	405 LAKE NED ROAD	WINTER HAVEN, FL
GUEST, LESTER	D	1540 N LAKE MIRROR DR	WINTER HAVEN, FL
FISHER, DOT	D	K107 E LAKE DR	HAINES CITY, FL
SCHULZ, HELENE	D/S	2920 E LAKE HARTRIDGE	LAKE ALFRED, FL
QUARRLES, RUSSEL	D/VP	700 MIRROR TERR NW	WINTER HAVEN, FL
TEETER, CARROLL	D	560 AVE E SE	WINTER HAVEN, FL
BERRY, ROBERT	D/P	3000 W. LK HARTRIDGE	WINTER HAVEN, FL
SKULL, C.A	D	114 W. LK OTIS	WINTER HAVEN FLA

7. Registered Agent Information

Name: DEPT OF RECREATION

Street Address (Do NOT Use P.O. Box Number): AVE F NW, SW RECREATIONAL COMPLEX

City, State and Zip Code: WINTER HAVEN, FL 33880

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $5.

8. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Norman Small	Producing Director	299-9428

Signature: Norman Small

Date: 12/31/80

DO NOT WRITE IN THIS SPACE

718666 01-23-81 2 3 244 10.00

Form COR 8501 Rev. 10/28/80

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

APPROVED
AND
FILED

APR 7 2 47 PM 1982

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

718666
WINTER HAVEN COMMUNITY THEATER INC
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect, in any way, enter the correct address in item 9, include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 06/12/1970

4. Federal Employer Identification Number (FEIN): 59-1950683

5. Date of Last Report: 05/01/1981

6. Names and Street Addresses of each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
SHALL,NORMAN	T/D	405 LAKE NED ROAD	WINTER HAVEN, FL
GUEST, LESTER	D	1540 N LAKE MIRROR DR	WINTER HAVEN, FL
FISHER, DOY	D	K107 E LAKE DR	HAINES CITY, FL
SCHULZ,HELENE	D/S	2920 E LAKE HARTRIDGE	LAKE ALFRED, FL
QUARRLES, RUSSEL	D/V	700 MIRROR TERR NW	WINTER HAVEN, FL
TEETER, CARROLL	D	560 AVE E SE	WINTER HAVEN, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

DEPT OF RECREATION
AVE F NW,SW RECREATIONAL COMPLEX
WINTER HAVEN, FL 33880

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its Board of Directors or

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under Instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature on This Report Shall have the Same Legal Effect As if Made Under Oath.

Signature: Norman M Small Date: 3/28/82

Typed Name of Signing Officer: Norman M. Small
Title: Treasurer
Telephone Number: 813 299 9128

COR 8(01) (11)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

APPROVED
AND
FILED
FEB 14 10 11 AM 1983
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

► Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

718666
WINTER HAVEN COMMUNITY THEATER INC
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4. Federal Employer Identification Number (if any): 59-1950683

5. Date of this Report: 04/07/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT Give Post Office Box Number)	City and State
SHALL, NORMAN	T/D	405 LAKE NEO ROAD	WINTER HAVEN, FL
GUEST, LESTER	D	1540 N LAKE MIRROR DR	WINTER HAVEN, FL
FISHER, DOT	D	K107 E LAKE DR	HAINES CITY, FL
SCHULZ, HELENE	D/S	2920 E LAKE HARTRIDGE	~~LAKE ALFRED, FL~~ WINTER HAVEN
QUARRLES, RUSSEL	D/V.P.	700 MIRROR TERR NW	WINTER HAVEN, FL
TEETER, CARROLL	D	560 AVE E SE	WINTER HAVEN, FL
Beery, BOB	D/V	3000 W. LK Hartridge	WINTER HAVEN FL
Wells, Paul	D	Wells Rd, Polk City	Polk City, Fl.
Shull, Carol Ann	D	114 LK OTIS RD	WINTER HAVEN, FL
Fischer, Kathy	D	104 W. LK OTIS DR	WINTER HAVEN FL.
Zeller, Shirley	D	108 LK FLORENCE S.	WINTER HAVEN FL.

Registered Agent Information

7. Name and Address of Current Registered Agent

DEPT OF RECREATION
AVE F NW, SW RECREATIONAL COMPLEX
WINTER HAVEN, FL 33880

8. Name and Address of New Registered Agent

Name
Street Address (DO NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its Board of Directors on 11/6/83

SIGNATURE _____ DATE N/A
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under Instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: Norman H. Small
Date: 11/6/83

Typed Name of Signing Officer: Norman H. Small
Title: Treasurer/Director
Telephone Number: 813-293-5928

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED
JUL 2 8 55 AM 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

718666
WINTER HAVEN COMMUNITY THEATER, INC.
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4. Federal Employer Identification Number (FEIN): 59-1950683

5. Date of Last Report: 02/04/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~1~~	~~QUARLES, RUSSEL~~	~~D/P~~	~~700 MIRROR TERR NW~~	~~WINTER HAVEN, FL 0000~~
2	SHULL, CAROL ANN	D	114 LAKE OTIS ROAD	WINTER HAVEN, FL 0000
3	SMALL, NORMAN	T/D	405 LAKE NED ROAD	WINTER HAVEN, FL 0000
4	WELLS, PAUL	D	WELLS ROAD POLK CITY	POLK CITY, FL 0000
~~5~~	~~BERRY, BOB~~	~~V/D~~	~~3000 W LAKE HARTRIDGE~~	~~WINTER HAVEN, FL 0000~~
6	SCHULZ, HELENE	S/D	2920 E LAKE HARTRIDGE	WINTER HAVEN, FL 0000

Registered Agent Information

7. Name and Address of Current Registered Agent

DEPT OF RECREATION
AVE F NW,SW RECREATIONAL COMPLEX
WINTER HAVEN, FL 33880

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature: Norman Small

Date: 3/27/84

Type Name of Signing Officer: NORMAN M. SMALL

Title: PRODUCER/TREASURER

Telephone Number: 813-299-9428

11. Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates

COR 020 (1-84)

City of WINTER HAVEN

Winter Haven Community Theatre

C/D	Kathy Fisher	1066 W. Lake Otis Dr Winter Haven Fl
D	Lucille Acken	903 W. Lake Otis Drive Winter Haven Fl. 33880
D	Bob Berry	P.O. Box 3121 Winter Haven, Fla. 33880
D	Lester Guest	1540 N. Lake Mirror Dr. Winter Haven, Fl. 33880
D	William Morris	P.O. Box 902 Bartow Fl. 33830
D	Russell Quarles	700 Mirror Terrace Winter Haven Fla. 33880
D	Carroll Teeter	2000 W. Lake Roy Winter Haven, Fl. 33880
D	Shirley Zeller	475 1st Street North Winter Haven Fla. 33880
V/D	Dorothy Fisher	107 E. Lake Dr Haines City, Fl Winter Haven 33880
	T. Norman Small	905 LK Nod

P. O. Box 1615 • Winter Haven, FL 33880 • Phone (813) 299-9428

DUE DATE ON OR BEFORE JANUARY 1 FOLLOWING ARTICLES OF [illegible]

CORPORATION

ANNUAL REPORT

1985

APPROVED

APR 10

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

WINTER HAVEN COMMUNITY THEATER, INC.
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

3. Date of Incorporation or Qualification: 06/13/1970

4. Federal Employer Identification Number: 59-2750682

5. Date of Last Previous Annual Report: 07/02/1984

	Name	Title	Street Address (Do NOT Use P.O. Box Number)	City and State	
1	FISHER, DOROTHY	V/C/D	107 E LAKE DR	HAINES CITY, FL	0000
2	SHULL, CAROL ANN	D	114 LAKE OTIS ROAD	WINTER HAVEN, FL	0000
3	~~SHALLY-NORMAN~~ Quarles, Russell L	~~T/D~~ T/D	~~605 LAKE NED ROAD~~ 700 Mirror Terrace NW	~~WINTER HAVEN, FL~~ Winter Haven, FL	~~0000~~
4	WELLS, PAUL	~~S~~ D	WELLS ROAD POLK CITY	POLK CITY, FL	0000
5	~~FISHER, KATHY~~ Fischer Kathy	~~S/D~~ D	~~2046 W LAKE ONS DR~~ 1016 W Lake Otis Dr.	WINTER HAVEN, FL	0000
6	SCHULZ, HELENE	~~S~~/D	2920 E LAKE HARTRIDGE	WINTER HAVEN, FL	0000

Registered Agent Information

7. Name and Address of Current Registered Agent

DEPT OF RECREATION
AVE F NW, SW RECREATIONAL COMPLEX
WINTER HAVEN, FL 33880

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Section(s) 607.334 and/or 617, Florida Statutes, the above named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment)

$1.00 additional fee required for Registered Agent changes.

10. See reverse for instructions and additional information.

I Certify That I Am An Officer of the Corporation or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That the Information Indicated on This Report Shall Have the Same Legal Effect As If Made Under Oath.
Officer's or Trustee's Name Must Be Typed or Printed.

Signature	Date
Russell L. Quarles	03-31-85
Typed Name of Officer or Trustee: Russell L. Quarles	Title: Treasurer
	Telephone Number: 813-293-1933

11. Check Box If You Desire a Certificate of Status. CERTIFICATE OF STATUS DESIRED ☐

$5 additional fee required for a Certificate of Status

CR2E031 (1/85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT
1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

Do Not Write in This Space

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

718566 1
WINTER HAVEN COMMUNITY THEATER, INC.
S.W. RECREATIONAL COMPLEX
WINTER HAVEN, FL

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
210 CYPRESS GARDENS BLVD.

Street Address 21
P.O. BOX 1615

P.O. Box No. 22
WINTER HAVEN, FLORIDA

City and State 23
33882-1615

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4. Federal Employer Identification Number If Any: 59-1960683

5. Date of Last Report: 04/05/1985

6. Names and Street Addresses of Each Officer and Director as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	4 City and State	5
FISHER, DOROTHY	V/C/D	107 E LAKE DR	HAINES CITY, FL	33844 00000
FRANCES DENOTT	D	522 Ave. K NE	WINTER HAVEN, FL	33881
~~SHULL, CAROL BOX~~	~~D~~	~~115 LAKE OTIS DRIVE~~	~~WINTER HAVEN, FL~~	~~00000~~
CHARLES, RUSSELL L.	T/D	700 MIRROR TERRACE NW	WINTER HAVEN, FL	00000
		Rt. 1	AUBURNDALE, FL	33823
~~WELLS, PAUL~~	~~S/D~~	~~WELLS ROAD FOLK CITY~~	~~FOLK CITY, FL~~	~~00000~~
FISCHER, KATHY	D	1066 W LAKE OTIS DR	WINTER HAVEN, FL	00000
THOMAS E JENNINGS	D	102 LAKE HOWARD DRIVE	WINTER HAVEN, FL	33880
~~SCHULZ, HELENE~~	~~C/D~~	~~2520 E. LAKE HARTRIDGE~~	~~WINTER HAVEN, FL~~	~~00000~~
NORMAN M. SMALL	PD	405 LAKE NED ROAD	WINTER HAVEN, FL	33880

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

DEPT OF RECREATION
AVE F NW. SW RECREATIONAL COMPLEX
WINTER HAVEN, FL 33880

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83: FL

Zip Code 84

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$5.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(One certificate must be listed in Block 6)

Signature: [signature] Date: 3/5/86

Type or Print Name of Signing Officer: Norman M. Small

Title: Producing Director

Telephone Number: 813-299-2672

11. If you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (11/85)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION ANNUAL REPORT 1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

718666
WINTER HAVEN COMMUNITY THEATER, INC.
210 CYPRESS GARDENS BLVD.
P.O. BOX 1515
WINTER HAVEN, FL. 33882-8515

If above address is incorrect in any way, enter the correct address

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24: 33882-1615

Date of Incorporation: 06/12/1970 | Federal Employer Identification Number (FEIN): 59-1950683 | Date of Last Report: 05/13/1986

Names and Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
~~FISHER, DOROTHY~~	~~V/C-D~~	~~107 E LAKE DR~~	~~HAINES CITY, FL~~	00000
John Dunn	D	101 Driscoll Lane	Winter Haven	33880
DEMOTT, FRANCES	D /RS	522 AVE K, N.E.	WINTER HAVEN, FL.	
QUARLES, RUSSELL L.	T/D	700 MIRROR TERRACE, NW.	WINTER HAVEN, FL	00000
~~WELLS, PAUL~~	~~S/D~~	~~RT. 1~~ (now all [illegible])	AUBURNDALE, FL.	
Mrs. Nona Gerlach	D	1043 Biltmore Drive	Winter Haven, Fl.	33881
~~FISCHER, KATHY~~	D	~~1066 W LAKE OTIS DR~~	WINTER HAVEN, FL.	00000
Lila Knorr	D	114 Seville, Orchid Springs	Winter Haven Fl	33880
JENNINGS, THOMAS E.	D/C	102 LAKE HOWARD DR.	WINTER HAVEN, FL.	

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

DEPT OF RECREATION
AVE F NW, SQ RECREATIONAL COMPLEX
WINTER HAVEN, FL 33880

8. Name and Address of New Registered Agent

Name 81: Craig M. Spanjers

Street Address 1 (Do NOT Use P.O. Box Number) 82: 2150 Crump Road

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: Winter Haven, FL. | Zip Code 85: 33880

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on ...
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

Signature of Registered Agent: Craig M. Spanjers DATE 2/23/87

$3.00 additional fee required for Registered Agent changes.

See signature restrictions under Instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature: [signature] | Date: February 5, 1987
Typed or Printed Name: Russell Quarles | Title: Financial Director | Telephone Number: 293-1533

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CRE034 (1-86)

City of WINTER HAVEN

Winter Haven Community Theatre

BOARD OF TRUSTEES 1986 - 1987

Frances DeMott	Recording Secretary 522 Avenue K., NE Winter Haven, Florida 33881	293-1653
John Dunn	101 Driscoll Lane Winter Haven, Florida 33880	
Nona Gerlach (Mrs. George)	1043 Biltmore Drive NW Winter Haven, Florida 33881	967-0261
Thomas E. Jennings Chairman	2 East Lake Howard Drive (ofc.) 102 Lake Howard Drive (home) Winter Haven, Florida 33880	294-3568 293-2766
Lila Knorr	114 Seville, Orchid Springs Winter Haven, Florida 33881	324-3869
David Lyons Vice-chairman	904 Perrin Avenue Winter Haven, Florida 33880 Saddlecreek	293-0508 665-0966
Barbara Potthast (Mrs. William)	806 Avenue M, SE (home) 234 West Central Avenue (work) Winter Haven, Florida 33880	293-4296 294-4920
Russell Quarles Financial Director	700 Mirror Terrace, NW Winter Haven, Florida 33881	293-1533
Carroll Teeter	2000 West Lake Roy Winter Haven, Florida 33880	293-5473
Bruce Tonjes	814 Lake Elbert Court NE Winter Haven, Florida 33881	293-8777
Craig M. Spanjers	549 Pope Ave.NW,PO Box 860 (ofc) 2150 Crump Road Winter Haven, Florida 33880	299-1263 324-3281
Dr. Nelson A. Warner	429 Second St.NE (ofc) 33881 3560 Harbour Circle (home)	294-7558 293-93[illegible]
Norman M. Small Producing Director	405 Lake Ned Road (home) Winter Haven, Florida 33880	324-3[illegible] (ofc)

P.O. Box 1615 • Winter Haven, FL 33882-1615 • Phone (813) 299-9128

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

ZIP + 4

718666 1
WINTER HAVEN COMMUNITY THEATER, INC.
210 CYPRESS GARDENS BLVD.
P.O. BOX 1615
WINTER HAVEN, FL. 33882-1615

Enter Change of Address of Corporation Principal Office: P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

Date of Incorporation: 06/12/1970 — Federal Employer Identification Number: 59-1950683 — Date of Last Report: 04/04/1988

Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
D	TONJES, BRUCE	814 LK.ELBERT CT.,N.E.	WINTER HAVEN, FL. 33881
~~D/R/S~~	~~OSTRAM, SHIRLEY~~	~~115 PARK LANE~~	~~WINTER HAVEN, FL.~~
C/D	OSTRAM, SHIRLEY	115 Park Lane	Winter Haven, Fl 33880
T/D	QUARLES, RUSSELL L.	700 MIRROR TERRACE NW	WINTER HAVEN, FL 00000 33880
D	GERLACH, NONA	1043 BILTMORE DR.	WINTER HAVEN, FL. 33881
D	KNORR, LILA	114 SEVILLE, ORCHID SPGS	WINTER HAVEN, FL. 33884
~~C/D~~	JENNINGS, THOMAS E.	102 LAKE HOWARD DR.	WINTER HAVEN, FL. 33880
D/R/S	BATES, SHARON	9130 West Lake Ruby Dr.	Winter Haven, Fl 33884

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

SPANJERS, CRIAG M.
2150 CRUMP ROAD
WINTER HAVEN, FL. 33880

Name and Address of New Registered Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL — Zip Code 85

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature: ____________ Registered Agent Accepting Appointment — DATE ______

See signature statement under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.

Signature: [signature]

Date

Typed Name of Signing Officer or Director — Title — Telephone Number

Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for a Certificate of Status

- FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

90 MAR 23 AM 8:05

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: 718666 1

ZIP + 4 PRESORT

WINTER HAVEN COMMUNITY THEATER, INC.
210 CYPRESS GARDENS BLVD.
P.O. BOX 1615
WINTER HAVEN, FL. 33882-1615

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4. FEI Number: 59-1950683

FEI Number Applied For / FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction fluid to cover over incorrect information.)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
D/VC	TONJES, BRUCE	814 LK.ELBERT CT.,N.E.	WINTER HAVEN, FL.
D/C	OSTRAM, SHIRLEY (signed: Shirley Ostram)	115 PARK LANE	WINTER HAVEN, FL.
~~T/D~~	~~QUARLES, RUSSELL L.~~	~~700 MIRROR TERRACE NW~~	~~WINTER HAVEN, FL 0000C~~
S/D	Sharron Bates (Mrs.)	9130 W.Lake Ruby Dr	Winter Haven,Fl 33884
D	GERLACH, NONA	1043 BILTMORE DR.	WINTER HAVEN, FL.
D	KNORR, LILA	114 SEVILLE, ORCHID SPGS	WINTER HAVEN, FL.
~~Ed~~ D	JENNINGS, THOMAS E.	102 LAKE HOWARD DR.	WINTER HAVEN, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SPANJERS, ~~CRIAG~~ CRAIG M.
2150 CRUMP ROAD
WINTER HAVEN, FL. 33880

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors or ... I hereby accept the appointment as registered agent and agree to comply with the provisions of Section 607.325 F.S.

SIGNATURE (signed) DATE 2/26/90

Craig M. Spanjers

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath ... to execute this report as required by Chapter 607, F.S.

Signature (signed) Date February 23, 1990

Typed Name of Signing Officer or Director | Title | Telephone Number

11. Should you desire a certificate of status ...

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Please Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation

DOCUMENT #718666 (1)

ZIP + 4 PRESORT

FLORIDA
WINTER HAVEN COMMUNITY THEATER, INC.
210 CYPRESS GARDENS BLVD.
P.O. BOX 1615
WINTER HAVEN, FL. 33882-1615

If above address is incorrect or any way, enter the correct address in item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address: 210 Cypress Gardens Blvd.
22 P.O. Box No.: P.O. Drawer 1230
23 City and State: Winter Haven, FL.
24 Zip Code: 33882-1230

3 Date Incorporated or Qualified To Do Business in Florida: 06/12/1970

4 FEI Number: 59-1950883

FEI Number Not Applicable

5 $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape, or fluid to cover over or correct in any way.)

Type	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~D/V/C~~	~~TONJES, BRUCE~~	~~814 LK.ELBERT CT.,N.E.~~	~~WINTER HAVEN, FL.~~
C/D	Tonjes, Bruce	814 Lk. Elbert Ct.,NE	Winter Haven, FL.
~~D/C~~	~~OSTRAM, SHIRLEY~~	~~115 PARK LANE~~	~~WINTER HAVEN, FL.~~
V/C/D	Platt, James	816 Woodmont Lane	Lakeland, FL.
~~S/D~~	~~BATES, SHARRON~~	~~9130 W LAKE RUBY DR~~	~~WINTER HAVEN, FL 00000~~
S/D	Gerlach, Nona	1043 Biltmore Dr., NW	Winter Haven, FL.
~~D~~	~~GERLACH, NONA~~	~~1043 BILTMORE DR.~~	~~WINTER HAVEN, FL.~~
T	Quarles, Russell L.	700 Mirror Terrace, NW	Winter Haven, FL.
~~D~~	~~KNORR, LILA~~	~~114 SEVILLE, ORCHID SPGS~~	~~WINTER HAVEN, FL.~~
D	Barnett, James	703 Ave. L, SE	Winter Haven, FL.
~~D~~	~~JENNINGS, THOMAS E.~~	~~102 LAKE HOWARD DR.~~	~~WINTER HAVEN, FL.~~
D	Carine, Edwin T.	9 Oak Ridge Road	Davenport, FL.

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

SPANJERS, CRAIG M.
2150 CRUMP ROAD
WINTER HAVEN, FL. 33880

Name and Address of New Registered Agent

Platt, James
816 Woodmont Lane
Lakeland, FL. 33813

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: James Platt DATE 6-17-91

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.325, Florida Statutes.

SIGNATURE: Craig M. Spanjers DATE 06-17-91

Russell L. Quarles | Treasurer | Telephone Number (Optional): (813) 299-2672

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State SB 75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB 7 92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT #718666 (1)

WINTER HAVEN COMMUNITY THEATER, INC.
210 CYPRESS GARDENS BLVD.
P O DRAWER 1230
WINTER HAVEN FL 33880-4346

2. Address to Which Correspondence Concerning This Report Should Be Sent

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 06/12/1970

3a. Date of This Report 06/26/1991

4. FEI Number 59-1950683

4a. Number Assigned For

4b. Number Not Applicable

5. $8.75 Amount Enclosed or to Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Name and Street Address of Each Officer and Director (Do not use any combination type of Post Office Box. Attach additional sheet if necessary.)

1 Type	2 Name of Officer and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	4 City and State
1 1x C/D	TONJES, BRUCE	814 LK.ELBERT CT.,N.E.	WINTER HAVEN, FL.
2 2x V/C/D	PLATT, JAMES	816 WOODMONT LANE	LAKELAND, FL
3 3x S/D	GERLACH, NONA	1043 BILTMORE DR NW	WINTER HAVEN, FL 00000
4 4x T	QUARLES, RUSSELL L	700 MIRROR TERRACE, NW	WINTER HAVEN, FL.
5 5x D	BARNETT, JAMES	703 AVE L, SE	WINTER HAVEN, FL.
6 D	CARINE, EDWIN T	9 OAK RIDGE RD	DAVENPORT, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PLATT, JAMES
816 WOODMONT LANE
LAKELAND, FL 33813

8. Name and Address of New Registered Agent

81 Name

82 Street Address (Do NOT Use P.O. Box Number)

83 Street Address (Required for P.O. Box Number)

84 City FL. | 85 Zip Code

9. [illegible]

10. [illegible]

11. [illegible]

SIGNATURE [signature] 2/19/92

12. [illegible]

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
1993 MAY -1 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT #. 718666 (1)

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

3. Date Incorporated or Qualified: 06/12/1970
3a. Date of Last Report: 02/27/1992
4. FEI Number: 591950683

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE. MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Florida Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS Tax Exempt Status ☒ — $138.75 Supplemental Fee Not Required
8. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PLATT, JAMES
816 WOODMONT LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

FL

DATE

12. OFFICERS AND DIRECTORS

~~C/D TOWLES, BRUCE 814 LK. ELBERT ST., N.E. WINTER HAVEN FL~~

~~V/C/D PLATT, JAMES 816 WOODMONT LANE LAKELAND FL~~

~~S/D GERLACH, NONA 1043 BILTMORE DR NW. WINTER HAVEN, FL 00000~~

T
QUARLES, RUSSELL L
700 MIRROR TERRACE, NW
WINTER HAVEN FL

D
BARNETT, JAMES
703 AVE L. SE
WINTER HAVEN FL

D
CARINE, EDWIN T
9 OAK RIDGE RD
DAVENPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

C/D
Platt, James
816 Woodmont Lane
Lakeland, FL 33813

V/C/D
Sheil, Patrick
50 W. Lake Hamilton Circle
Winter Haven, FL 33881

S/D
Mary Ann Cassell
104 Perry Avenue
Auburndale, FL 33823

SIGNATURE [signature] DATE 04-25-93

Russell L. Quarles Treasurer

Daytime Telephone Number: (813) 299-2672

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
94 APR 18 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: WINTER HAVEN COMMUNITY THEATER, INC.

DOCUMENT # 718666 (1)

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

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 06/12/1970
3a. Date of Last Report: 05/01/1993
4. FEI Number: 59-1950683 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $153.75 Supplemental Fee ☐
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Principal Place of Business — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

PLATT, JAMES
816 WOODMONT LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	C/D	
1.2 NAME	PLATT JAMES	
1.3 STREET ADDRESS	816 WOODMONT LANE	
1.4 CITY-ST-ZIP	LAKELAND FL	
2.1 TITLE	V/C/D	
2.2 NAME	SHEIL PATRICK	
2.3 STREET ADDRESS	50 W. LAKE HAMILTON CIRCLE	
2.4 CITY-ST-ZIP	WINTER HAVEN FL	
3.1 TITLE	S/D	
3.2 NAME	CASSELL MARY ANN	
3.3 STREET ADDRESS	104 PERRY AVENUE	
3.4 CITY-ST-ZIP	AUBURNDALE FL	
4.1 TITLE	T	
4.2 NAME	QUARLES, RUSSELL L	
4.3 STREET ADDRESS	700 MIRROR TERRACE, NW	
4.4 CITY-ST-ZIP	WINTER HAVEN FL	
5.1 TITLE	D	
5.2 NAME	BARNETT, JAMES	
5.3 STREET ADDRESS	703 AVE L, SE	
5.4 CITY-ST-ZIP	WINTER HAVEN FL	
6.1 TITLE	D	
6.2 NAME	CARINE, EDWIN T	
6.3 STREET ADDRESS	9 OAK RIDGE RD	
6.4 CITY-ST-ZIP	DAVENPORT FL	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell Quarles 04-12-94

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date