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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:33

DOCUMENT # 725431 (1)  
1. Corporation Name  
ST LUCIE COMMUNITY THEATRE INC

Principal Place of Business Mailing Address  
629 WEATHERBEE RD FORT PIERCE FL 34982 US  
3920 OAK HAMMOCK LANE FORT PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1973 3a. Date of Last Report 04/26/1994  
4. FEI Number 23-7378281 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 with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
BRAUN, WM. E.  
3920 OAK HAMMOCK LANE  
FT. PIERCE FL 34981

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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LAZARUS, EDWIN STREET ADDRESS 1724 LAKE FRONT BLVD CITY - ST - ZIP FT. PIERCE FL		1.1 TITLE P D 1.2 NAME KIMBERLIN R. BERRY 1.3 STREET ADDRESS 532 DUSK WAY 1.4 CITY - ST - ZIP FT. PIERCE, FL. 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WALSTON, DONALD STREET ADDRESS 1919 QUAIL COURT CITY - ST - ZIP FT. PIERCE FL		2.1 TITLE D 2.2 NAME IRV FRIEDMAN 2.3 STREET ADDRESS 1326 S.E. VESTRIDGE LANE 2.4 CITY - ST - ZIP PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BALZER, RAYMOND STREET ADDRESS PINE CREST LAKES, 311 TOWN TERR CITY - ST - ZIP JENSEN BCH FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BOTHFELD, ESTHER STREET ADDRESS 4 PADRE CITY - ST - ZIP PORT ST LUCIE FL		4.1 TITLE S D 4.2 NAME LINDA HUND 4.3 STREET ADDRESS 1817 S.E. HIDEWAY CRT. 4.4 CITY - ST - ZIP PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME LORD, DONALD STREET ADDRESS 8241 HIDDEN PINES ROAD CITY - ST - ZIP FT. PIERCE FL		5.1 TITLE TD 5.2 NAME CYNTHIA SHAW 5.3 STREET ADDRESS 750 S.W. DUXBURY AVE. 5.4 CITY - ST - ZIP PORT ST. LUCIE, FL. 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LA CHANCE, WILLIAM STREET ADDRESS 1038 MARTINIQUE AVE CITY - ST - ZIP FT. PIERCE FL		6.1 TITLE D 6.2 NAME KEN KUGLER 6.3 STREET ADDRESS 2412 S.W. DANBURY LANE 6.4 CITY - ST - ZIP PALM CITY, FL. 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia Shaw* CYNTHIA SHAW MARCH 17, 1995 (407) 879-0757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CORPORATION ANNUAL REPORT 1995

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ST. LUCIE COMMUNITY THEATRE, INC.

ADDITIONS TO OFFICERS AND DIRECTORS - BOX 13

TITLE D  
NAME JAMES BRAYMAIER  
STREET ADDRESS 950 REVELS LANE  
CITY-ST-ZIP FORT PIERCE, FL. 34982

~~TITLE PATRICIA BURLEY~~

TITLE D  
NAME PATRICIA BURLEY  
STREET ADDRESS 8303 BAYARD STREET  
CITY-ST-ZIP FORT PIERCE, FL. 34951

TITLE VD  
NAME MICHAEL FERNANDEZ  
STREET ADDRESS 7708 HOLOPAW AVE.  
CITY-ST-ZIP FORT PIERCE, FL. 34951