

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

2-21-96 B 1400 C

DOCUMENT # **725431** (1)

1. Corporation Name
ST LUCIE COMMUNITY THEATRE INC



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

3. Date Incorporated or Qualified: **01/01/1973**
3a. Date of Last Report: **03/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 23-7378281	Applied For	<input type="checkbox"/>	Not Applicable					
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required					
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees					
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRAUN, WM. E. 3920 OAK HAMMOCK LANE FT. PIERCE FL 34981				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERRY, KIMBERLIN R		1.2 NAME	LUCHKA, JOHN			
STREET ADDRESS	532 DUSK WAY		1.3 STREET ADDRESS	568 S. W. DUVAL AVENUE			
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRIEDMAN, IRV		2.2 NAME				
STREET ADDRESS	1326 S.E. VESTRIDGE LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BALZER, RAYMOND		3.2 NAME	HUMPHRIES, JOANNE			
STREET ADDRESS	PINE CREST LAKES, 311 TOWN TERR		3.3 STREET ADDRESS	7449 CARLTON ROAD			
CITY-ST-ZIP	JENSEN BCH FL		3.4 CITY-ST-ZIP	FORT PIERCE, FL. 34988			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUND, LINDA		4.2 NAME	HUND, LINDA			
STREET ADDRESS	1817 S.E. HIDEWAY CRT		4.3 STREET ADDRESS	1817 S. E. HIDEWAY CRT.			
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	TO	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAW, CYNTHIA		5.2 NAME				
STREET ADDRESS	750 S.W. DUXBURY AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KUGLER, KEN		6.2 NAME	AITKEN, JOHN			
STREET ADDRESS	2412 S.W. DANBURY LANE		6.3 STREET ADDRESS	2001 OLEANDER AVE., APT. D			
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP	FORT PIERCE, FL. 34982			

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 119.07(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 617, 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, TREASURER** *Cynthia Shaw* 2/15/96 (408) 692-7940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)