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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 34981-4521

3. Date Incorporated or Qualified: 01/01/1973
3a. Date of Last Report: 02/21/1996
4. FEI Number: 23-7378281
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LUCHKA, JOHN | |
| STREET ADDRESS | 588 SW DUVAL AVE | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FRIEDMAN, IRV | |
| STREET ADDRESS | 1326 S.E. VESTRIDGE LANE | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HUMPHRIES, JOANNE | |
| STREET ADDRESS | 7449 CARLTON ROAD | |
| CITY - ST - ZIP | FT PIERCE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HUND, LINDA | |
| STREET ADDRESS | 1817 S.E. HIDEWAY CRT | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SHAW, CYNTHIA | |
| STREET ADDRESS | 750 S.W. DUXBURY AVE. | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | AITKEN, JOHN | |
| STREET ADDRESS | 2001 OLEANDER AVE, APT D | |
| CITY - ST - ZIP | FT PIERCE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------------|--|
| 1.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | HEINRICH, WALTER | |
| 2.3 STREET ADDRESS | 1971 SOUTH EAST FLORESTA DRIVE | |
| 2.4 CITY - ST - ZIP | PORT ST. LUCIE, FL. 34983 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | HARDY, MYRIAM | |
| 4.3 STREET ADDRESS | 431 NORTH WEST ARCHER AVENUE | |
| 4.4 CITY - ST - ZIP | PORT ST. LUCIE, FL. 34983 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | PROCINO, DIANE | |
| 6.3 STREET ADDRESS | 4904 MYRTLE DRIVE | |
| 6.4 CITY - ST - ZIP | FT. PIERCE, FL. 34982 | |

14. I do hereby certify that the information supplied with this filing 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 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* 3/19/97 (561)-879-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 007148

CR2E037 (9/96)