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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90069 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725431

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/01/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7378281
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 AS

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCHKA, JOHN	1.2 NAME	LEVIN, STEPHANIE
STREET ADDRESS	568 SW DUVAL AVE	1.3 STREET ADDRESS	3704 CRABAPPLE DRIVE
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL., 34952
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINRICH, WALTER	2.2 NAME	JOHN W. COLLINS
STREET ADDRESS	1971 S E FLORESTIA DR	2.3 STREET ADDRESS	1006 TORTUGAS AVE.
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHRIES, JOANNE	3.2 NAME	COLEMAN, KARAN J.
STREET ADDRESS	7449 CARLTON ROAD	3.3 STREET ADDRESS	1172 N. W. LOMBARDY DRIVE
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34986
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, MYRIAM	4.2 NAME	DEL GIORNO, IDA R.
STREET ADDRESS	431 NW ARCHER AVENUE	4.3 STREET ADDRESS	1526 S. E. PITCHER ROAD
CITY-ST-ZIP	PORT ST LUCIE FL	4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, JOHN	5.2 NAME	FRIEDMAN, IRV
STREET ADDRESS	1006 TORTUGAS	5.3 STREET ADDRESS	1326 S. E. VESTRIDGE LANE
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROCINO, DIANE	6.2 NAME	ZEITZ, AUDREY
STREET ADDRESS	4904 MYRTLE DR	6.3 STREET ADDRESS	38 MANOR DRIVE
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982

14. I 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, with all other like empowered.

SIGNATURE: John Collins Date: Jan 9, 1999 (561) 461-5365

CR2E037 (1/198)