

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90971 027 ****61.25

DOCUMENT # 725431

1. Entity Name

ST LUCIE COMMUNITY THEATRE INC

Principal Place of Business

Mailing Address

**629 WEATHERBEE RD
 FORT PIERCE FL 34982
 US**

**P.O. BOX 12483
 FORT PIERCE FL 34979-2483**

2. Principal Place of Business

3. Mailing Address

3920 OAK HAMMOCK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL.

4. FEI Number

23-7378281

Applied For

Not Applicable

Zip

Country

34981-4521

Country

ST. LUCIE

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAUN, WM. E.
 3920 OAK HAMMOCK LANE
 FT. PIERCE FL 34981**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, IRV
STREET ADDRESS	1326 S.E. VESTRIDGE LANE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952
TITLE	PD <input type="checkbox"/> Delete
NAME	HEINRICH, WALTER
STREET ADDRESS	1971 S.E. FLORESTA DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LOMBA, JOHN
STREET ADDRESS	190 NW HEATHER
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983
TITLE	P / D <input type="checkbox"/> Delete
NAME	HUMPHRIES, JOANNE
STREET ADDRESS	7449 CARLTON ROAD
CITY-ST-ZIP	FT. PIERCE, FL. 34988
TITLE	VP / D <input type="checkbox"/> Delete
NAME	EBNER, KAY
STREET ADDRESS	803 FRENCH CREEK LANE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	S / D <input type="checkbox"/> Delete
NAME	GROENDYKE, ELISA
STREET ADDRESS	5808 PAPAYA DRIVE
CITY-ST-ZIP	FORT PIERCE, FL. 34982

TITLE	T / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCAZZOLO, CHRIS
STREET ADDRESS	1045 S.W. JENNIFER TERACE
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINRICH, WALTER
STREET ADDRESS	1971 S. E. FLORESTA DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCHKA, JOHN
STREET ADDRESS	568 S. W. DUVAL AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, MYRIAM
STREET ADDRESS	431 N. W. ARCHER AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, K.J.
STREET ADDRESS	2853 S. E. PACE DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT, JOANNE
STREET ADDRESS	1531 C PHEASANT WALK
CITY-ST-ZIP	FORT PIERCE, FL. 34950

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wm. E. Braun* **Comptroller - Wm. E. Braun 2-25-02 (561) 461-5365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ST. LUCIE COMMUNITY THEATRE, INC.
MAILING ADDRESS: 3920 OAK HAMMOCK LANE
FORT PIERCE, FL. 34981-4521
FEI NUMBER: 23-7378281
DOCUMENT NUMBER: 725431

Attachment
Document #
425431

335024

ADDITIONAL DIRECTORS _ BLOCK 10

HONORARY DIRECTOR:
COWLES, WILMA
11170 MULLER ROAD
FT. PIERCE, FL. 34945

HONORARY DIRECTOR:-COMPTROLLER
BRAUN, WM. E.
-3920 OAK HAMMOCK LANE
FORT PIERCE, FL. 34981-4521