


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90039 001 \*\*\*\*61.25

**DOCUMENT # 725431**

1. Entity Name  
**ST LUCIE COMMUNITY THEATRE INC**



Principal Place of Business  
**629 WEATHERBEE RD  
 FORT PIERCE, FL 34982 US**

Mailing Address  
**PO BOX 12483  
 FORT PIERCE, FL ~~34982~~ 34979**

0100J101



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-7378281**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LUCHKA, JOHN  
 568 SW DUVAL AVE  
 PORT SAINT LUCIE, FL 34983**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCAZZOLO, CHRIS 1045 S.W. JENNIFER TERRACE PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTER HEINRICH 2249 SE MASTER PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBNER, KAY C 803 FRENCH CREEK LANE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATRICK LUDOVICO 3607 WILDENESS DR. EAST FORT PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCHKA, JOHN 568 S.W. DUVAL AVE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA BURLEY 38 SIERRA DEL NORTE FORT PIERCE, FL 34951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYRIAM, HARDY 431 N.W. ARCHER AVE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARY SMITH 2441 SE ROBIN CIRCLE PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, K.J. 2853 S.E. PACE DRIVER PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN PASCIANO 903 W. WEATHERBEE ROAD FORT PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, JOANNE 1531 C PHEASANT WALK FORT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARA-MIKAEL HARRIS 5900 TRAVELER'S WAY FORT PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *John Luchka* **John Luchka / PRESIDENT** 1/28/04 (772) 465-0366  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

725431



St. Lucie Community Theatre  
Pineapple Playhouse

54003197

ADDITIONAL OFFICER

D

MICHAEL HARRISON

3306 SE West Snow Road

Port Saint Lucie, FL 34984

St. Lucie Community Theatre — Pineapple Playhouse

P.O. Box 12483 • Fort Pierce, Florida 34979-2483 • (772) 465-0366

website: [www.pineappleplayhouse.com](http://www.pineappleplayhouse.com)