

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90105 017 ****70.00

DOCUMENT # 725431	
1. Entity Name ST LUCIE COMMUNITY THEATRE INC	

Principal Place of Business 700 West 820 WEATHERBEE RD FORT PIERCE FL 34982 US	Mailing Address PO BOX 12483 FORT PIERCE FL 34979
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2. Principal Place of Business 700 WEST WEATHERBEE RD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT PIERCE, FL	City & State
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Zip 34982	Country US	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 23-7378281	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUCHKA, JOHN 568 SW DUVAL AVE. PORT SAINT LUCIE FL 34983	
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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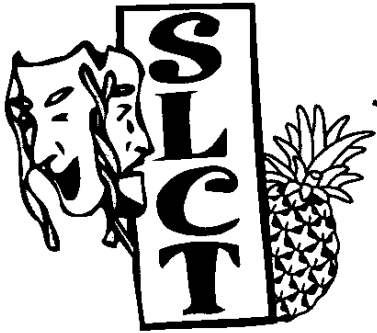
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEINRICH, WALTER 2249 SW MASTER PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUDOVICO, PATRICK 3607 WILDERNESS DR. EAST FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCHKA, JOHN 568 S.W. DUVAL AVE PORT SAINT LUCIE FL 34983 <input checked="" type="checkbox"/> Delete
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	D PRECINO, JOHN 903 W. WATHER BEE ROAD FORT PIERCE FL 34982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, MARA-MIKAEL 5900 TRAVELERS WAY FORT PIERCE FL 34982 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Heinrich, Walter 2249 SW Master Port Saint Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIANE HARRISON 3306 SE WEST SNOW RD. PORT SAINT LUCIE, FL. 34984 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBBIE JOHNSON-NEFF 552 SE CROSSPOINT DR. PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRIS MARCAZZOLO 1045 SW JENNIFER TERR PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCINO, JOHN 903 W. WEATHERBEE ROAD FORT PIERCE, FL. 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, MARA-MIKAEL 5900 TRAVELERS WAY FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Change <input 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)(f), 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.

SEE Page 2 of 2
SIGNATURE: Walter Heinrich (President) 4/8/05 (772) 465-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

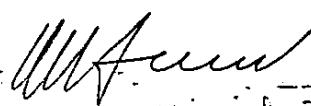



Pineapple Playhouse

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Page 2 of 2

11. Additions / Changes to Officers and Directors

Title	D	<input checked="" type="checkbox"/>	Addition
Name	Gary Smith		
Street Address	2441 S E Robin Circle		
City - ST - Zip	Port St. Lucie, FL 34952		Walter Heinrich, President

Title	D	<input checked="" type="checkbox"/>	Addition
Name	Joyce Jonas		
Street Address	8121 Meadowlark Lane		
City - ST - Zip	Port St. Lucie, FL 34952		Walter Heinrich, President