

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90276 002 \*\*\*\*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  
**3920 OAK HAMMOCK LANE  
FORT PIERCE FL 34979-2483**

00014555



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 12483**  
Suite, Apt. #, etc.

City & State  
**Ft. Pierce, FL**

Zip  
**34982**

Country  
**USA**

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

7. Name and Address of New Registered Agent  
Name  
**John Luchka**  
Street Address (P.O. Box Number is Not Acceptable)  
**568 SW Duval Ave**  
City  
**Pt St Lucie** FL Zip Code  
**34983**

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)

**FILE NOW: FEE IS \$61.25**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY C. EBNER	
STREET ADDRESS	803 FRENCH CREEK LANE	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANN HUMPHRIES	
STREET ADDRESS	7449 CAELTON RD	
CITY-ST-ZIP	Pt. St. Lucie, FL 34953	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Burkley	
STREET ADDRESS	38 SICARA DEL NORTE	
CITY-ST-ZIP	FT PIERCE, FL 34951	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARA HARRIS	
STREET ADDRESS	5900 TRAVELERS WAY	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CFR2037 (10/02)

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.

SIGNATURE:  **KAY C. EBNER** 1/8/03  
Date: **1/8/03** Daytime Phone #: **772-465-0366**