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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 727470 **(7)**

CHILDRE	ENS' COMMUNITY THEATE	ER, INC.							
Principal Place o	of Business	Mailing Address				0 100111 40019 Hüte 1001 mint 4001		91911 61911 6	
11 ORANGE AT		11 ORANGE AVENUE ROCKLEDGE FL 32955			*				
						3. Date Incorporated or Qualified 09/17/1973		te of Last R 05/01/19	95
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 59-1612760			oplied For ot Applicable
1		Suite, Apt. #, etc.							Additional
Suite, Apt. #,	, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		7 - · · ·	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		This corporation has liability for Florida Statutes	intangible ta	ax under s. 1 No	199.032,
4	25	29	30	T		10. Name and Address of New I			
	9. Name and Address of Curren	t Hegistered Agent		81 Nam	ie		<u> </u>		
more and agent and						ss (P.O. Box Number is Not Acceptal	ble)		
RILEY, KEVIN 1393 MARTIN RD ROCKLEDGE FL 32955				82 Street Addre		ss (F.O. DOX NUMBER IS NOT Acceptal			
				83					
KUUKLE	DGE LF 25822			84 City				85 Zip	Code
	o the provisions of Sections 617,0502			1 1 7			<u>F</u> L	. · ·	
or registere	ed agent, or both, in the State of Flori	da. Such change was authoriz	ed by the	corporation	n's board	Of Directors, it hereby accept the abi	JOHN HOLL OF	, rogioto ou	orgonia i com
SIGNIATI IRE						ion submits this statement for the pu of directors. I hereby accept the app when renstating)	DATE	J	
SIGNATURE	Signature, typed or printed name of registered agent	t and fille if applicable. (NC		ed Agent signati		when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN		13	ed Agent signati		when reinstating)	DATE	J	
SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. (NC D DIRECTORS	113	ed Agent signati		when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	t and title if applicable. (NC D DIRECTORS	13 1.1 1.2	ed Agent signati I. TITLE	ire required s	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN PD SCHAFER, SANDY 1383 GLENEAGLES COURT ROCKLEDGE FL	and Me'r applicable. (NO D DIRECTORS DELETE	13 1.1 1.2 1.3	ed Agent signati I. TITLE NAME STREET ADDRE CITY-ST-ZIP	ire required s	when reinstating)	DATE	D DIRECTOI Change	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN PD SCHAFER, SANDY 1383 GLENEAGLES COURT ROCKLEDGE FL VD	t and title if applicable. (NC D DIRECTORS	13 1.1 1.2 1.3 1.4 2.1	ed Agont signati I. TITLE NAME STREET ADDRE CHY-ST-ZIP	ire required s	when reinstating)	DATE	D DIRECTO	RS IN 12
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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 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 certify 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 it changed, open an effect 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 it changed, open an effect of the corporation of the mud

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Daytime Phone #