

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727470 (7)
1. Corporation Name

CHILDRENS' COMMUNITY THEATER, INC.

Principal Place of Business

11 ORANGE AVENUE
ROCKLEDGE FL 32955

Mailing Address

11 ORANGE AVENUE
ROCKLEDGE FL 32955

97 SEP 26 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1973

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1612760

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RILEY, KEVIN
1393 MARTIN RD
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

DANETTE Sehnem

82 Street Address (P.O. Box Number Is Not Acceptable)

1131 Wentworth Cr.

84 City

Rockledge, Fl.

FL

85 Zip Code

32955

11. Pursuant to provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8.9.97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFER, SANDY	
STREET ADDRESS	1383 GLENEAGLES COURT	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	YARDLEY, PAUL	
STREET ADDRESS	3046 SUNSET LANE	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BURNER, BARBARA	
STREET ADDRESS	4890 ZIPSCRAMB STE 9	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MASUCCI, LINDA	
STREET ADDRESS	792 WHITE PINE AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEHNEM, DANETTE	
1.3 STREET ADDRESS	1131 Wentworth Cr.	
1.4 CITY-ST-ZIP	Rockledge, Fl.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEBBIE KOCOL	
2.3 STREET ADDRESS	1828 Laurel Oaks Drive S.	
2.4 CITY-ST-ZIP	Rockledge, Fl.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	
3.2 NAME	Sharon Seaman	
3.3 STREET ADDRESS	15 Rivergroves Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	Rockledge, Fl. 32955	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED: [Signature] 8.25.97 407.636.90

CR2E037 (4/97)