FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727470

1. Corporation Name

CHILDRENS' COMMUNITY THEATER, INC.

Principal Place of Business

2. Principal Place of Business

11 ORANGE AVENUE ROCKLEDGE FL 32955 Mailing Address

11 ORANGE AVENUE ROCKLEDGE FL 32965

2a. Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90034 016 ****61.25

3. Date Incorporated or Qualifed 09/17/1973

Suite, Apt.	Suite, Apt. #, etc. Suite, Apt.		t. #, etc.		4. FEI Number	Apr	olied For	
22	27				59-1612760		Not Applicable	
City & Stat	e	City & State	City & State		5. Certifcate of Status Desired		\$8.75 A	
23	28						Fee Re	hired
Zip	Country	Zip	_ Country		6. Election Campaign Financing		\$5.00	•
24	25	29	<u> </u>		Trust Fund Contribution		Added to	Fees
9. Name and Address of Current Registered Agent				1	10. Name and Address of New F	Registered	Agent	
KOCOL, DEBBIE				Name				ļ
				Street Address (P.O. Box Number is Not Acceptable)				
1828 LAUREL OAKS DRIVE SOUTH						,		
ROCKLEDGE FL 32955								
			84	City	■■ 85 Zip Code			·ode
:			04	City		FL	. 35 210 0	oue
11. Pursuant to the 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: Re	aistered Ager	nt signature required	when reinstating)	DATE		
12	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	1			Change	Addition
NAME	ACTIVICATION OF PROPERTY.		1.2 NAME	AME				
STREET ADDRESS	A SA A LANGUAGE AND			1.3 STREET ADDRESS				['
	ROCKLEDGE FL			T-ZIP				
CITY-ST-ZIP TITLE	TD						[] Change	Addition
NAME	SOOL DEDDIE		2.1 TITLE 2.2 NAME				_ ,	_
"STREET ADDRESS	AND LANDS ON O DRUG O		2.3 STREET	ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL		2. 4 CITY-S					1
TITLE			3.1 TITLE	,1-21			Change	☐ Addition
NAME			3.2 NAME					_
STREET ADDRESS	THE THILL ATREET		3.3 STREET	ADDRESS				1
	ACCOMPANY AND AND AND		3.4. CITY-S					
CITY-ST-ZIP	BD	☐ DELETE	4.1 TITLE	1-211-			[] Change	Addition
	MCPHARLAND, SANDY		4. 2 NAME					
NAME				4.3 STREET ADDRESS				1
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP				1-2IP			Change	Addition
TITLE								المساسم ا
NAME	MURDOCH, TOM		5.2 NAME	ADDRESS				}
STREET ADDRESS	1335 ROCKLEDGE DRIVE		5.3 STREET					
CITY-ST-ZIP	ROCKLEDGE FL	Dei de	5.4 CITY-S	I-ZIP			CT Change	- Addition
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME		6.2		ĺ				
STREET ADDRESS	l:		6.3 STREET					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

14. I 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: