2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # 727470** 1. Entity Name CHILDRENS' COMMUNITY THEATER, INC. 04-17-2000 90057 020 ****61.25 Principal Place of Business Mailing Address 11 ORANGE AVENUE 11 ORANGE AVENUE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-2945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 59-1612760 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E **Bull** Street Address (P.O. Box Number is Not Acceptable) KOCOL, DEBBIE 1828 LAUREL OAKS DRIVE SOUTH **ROCKLEDGE FL 32955** 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D Change ☐ Addition TITLE ☐ Delete TITLE SEHNEM, DANETTE NAME NAME STREET ADDRESS 1131 WENTWORTH CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME KOCOL, DEBBIE NAME STREET ADDRESS 1828 LAUREL OAKS DRIVE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL Change . Addition SD TITLE TITLE ☐ Delete **BULL, JULIA** 1495 Misty DAWN I-N-NAME STREET ADDRESS STREET ADDRESS 1575 TUNA STREET CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Change Addition Delete TITLE TITLE ŔŊ JOD: BRADIEY MCPHARLAND, SANDY NAME NAME . Ave. #109 STREET ADDRESS 3000 N. AHAN STREET ADDRESS 887 YORKTOWNE 32931 CITY-ST-ZIP CITY-ST-ZIP Cocoa-Beach ROCKLEDGE FL Delete **₩** Addition TITLE TITLE KIPD NAME MURDOCH, TOM oeie NAME 733 white Pine STREET ADDRESS STREET ADDRESS 1335 ROCKLEDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL** Addition ☐ Delete TITLE TITLE NAME NAME Bereely STREET ADDRESS STREET ADDRESS 1240 Waln CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

SIGNATURE:

SIGNATURE AND YESTER PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

Date of the corporation of 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.

Other Members of The Board Of Directors:

Susan Parker 1238 Primrose Pl Rockledge, FL 32955

Teresa Sternberg 1705 Old Glory Blvd. Viera, FL 32940

Helen Welsh 1322 Woodingham Dr Rockledge, FL 32955