

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90325 014 ****69.25

0005376

DOCUMENT # 727470

1. Entity Name

CHILDRENS' COMMUNITY THEATER, INC.



Principal Place of Business

**234 WILLARD ST
SUITE D
COCOA FL 32922**

Mailing Address

**234 WILLARD ST
SUITE D
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1612760**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENDER, KATHY
1695 MISTY DAWN LANE
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name
Kathy Fender
Street Address (P.O. Box Number is Not Acceptable)
**467 Stonehenge Cir
Rockledge FL 32955**

Zip Code
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. 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)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 | PD | <input type="checkbox"/> Delete |
| NAME | FENDER, KATHY | |
| STREET ADDRESS | 467 STONE HEDGE CIR | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | STEVEN, APRIL | |
| STREET ADDRESS | 866 JAMESTOWN DR | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | WELCH, HELEN | |
| STREET ADDRESS | 1322 WOODINGHAM DR | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | DUBOIS, RONALD | |
| STREET ADDRESS | PO BOX 560218 | |
| CITY-ST-ZIP | ROCKLEDGE FL 32956 | |
| TITLE | BM | <input checked="" type="checkbox"/> Delete |
| NAME | KIDD, LORIE | |
| STREET ADDRESS | 733 WHITE PINE AVE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | BM | <input type="checkbox"/> Delete |
| NAME | LOSTROSCER, JAHALA | |
| STREET ADDRESS | 981 BRILLWAY | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kathy Fender | |
| STREET ADDRESS | 467 Stonehenge Cir | |
| CITY-ST-ZIP | Rockledge FL 32955 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | April Strom | |
| STREET ADDRESS | 866 Jamestown Dr | |
| CITY-ST-ZIP | Rockledge FL 32955 | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Beverly Preciado | |
| STREET ADDRESS | 13216 Walnut Grove Way | |
| CITY-ST-ZIP | Rockledge FL 32955 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul Strom | |
| STREET ADDRESS | 866 James town Dr | |
| CITY-ST-ZIP | Rockledge FL 32955 | |
| TITLE | BM | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jahala Lostroscio | |
| STREET ADDRESS | 981 Brillway | |
| CITY-ST-ZIP | Rockledge FL 32955 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SPINAIDE FENDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)