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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738885 (3)

1. Corporation Name

THE PROFESSIONAL CHILDREN'S THEATRE, INC.

Principal Place of Business

Mailing Address

801 LAMONT PLACE
TAMPA FL 33617

801 LAMONT PLACE
TAMPA FL 33617-7845



3. Date Incorporated or Qualified
05/02/1977

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1748874

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESCHINGER, SELMA KAYE
801 LAMONT PLACE
TAMPA FL 33617

81 Name

FRANK LESCHINGER

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

801 LAMONT PL

83

84 City

TAMPA

FL

85 Zip Code

33617

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

Frank Leschinger

DATE

4-1-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SDT ☐ DELETE
NAME LESCHINGER, FRANK
STREET ADDRESS 801 LAMONT PLACE
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME LESCHINGER, SELMA K
STREET ADDRESS 801 LAMONT PLACE
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS STEPHANIE KAYE HOLMQUIST
2.4 CITY-ST-ZIP 3315 SILVERPOND DR
PLANT CITY, FL. 33567

TITLE VD ☒ DELETE
NAME KAYE, STEPHANIE
STREET ADDRESS 801 LAMONT PLACE
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD
3.3 STREET ADDRESS LARS B HOLMQUIST
3.4 CITY-ST-ZIP 3315 SILVERPOND DR
PLANT CITY, FL. 33567

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

Frank Leschinger

3-17-97

CR2E037 (9/96)