


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90046 002 \*\*\*\*61.25

<b>DOCUMENT # N00000005000</b> 1. Entity Name <b>LAKELAND COMMUNITY THEATRE, INC.</b>					
Principal Place of Business <b>121 S LAKE AVE LAKELAND, FL 33801</b>			Mailing Address <b>P.O. BOX 2603 LAKELAND, FL 33806</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>59-3686270</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRANKLIN, JAMES R 310 EAST MAIN STREET BARTOW, FL 33830</b>				7. Name and Address of New Registered Agent Name <b>IRA A. SEREBRIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2109 South Amber Road</b> City <b>Lakeland</b> FL <b>33801</b>	
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 <i>IRA A. SEREBRIN</i> DATE <b>7-16-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MACEY, BOB</b> <b>P.O. BOX 2603</b> <b>LAKELAND, FL 33806</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Dena Williams</b> <b>2823 Meridian Pt. Lane</b> <b>Lakeland, FL 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LINGLE, SHERRIE</b> <b>P.O. BOX 2603</b> <b>LAKELAND, FL 33806</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Richard Grove</b> <b>1435 Long Oak Dr. So.</b> <b>Lakeland, FL 33810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCCARTHY, JOE</b> <b>P.O. BOX 2603</b> <b>LAKELAND, FL 33806</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Daryl Ward</b> <b>6739 Englelake Dr</b> <b>Lakeland, FL 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VRELAND, HOLLY</b> <b>P.O. BOX 2603</b> <b>LAKELAND, FL 33806</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXED</b> <b>SEREBRIN, TAMARA</b> <b>P.O. BOX 2603</b> <b>LAKELAND, FL 33806</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>Tamara Serebrin</i> TAMARA SEREBRIN</b> Date <b>7/05/07</b> 863-603-7529					