

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005000

FILED
Apr 01, 2009
Secretary of State

Entity Name: LAKELAND COMMUNITY THEATRE, INC.

Current Principal Place of Business:

121 S LAKE AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2603
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-3686270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEREBRIN, IRA A
2109 SOUTH COMMERCE ROAD
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DENA
Address: 2823 MERIDIAN PT LANE
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: GROVE, RICHARD
Address: 1435 LONGOAK DR. SO
City-St-Zip: LAKELAND, FL 33810

Title: V () Delete
Name: MCCARTHY, JOE
Address: P.O BOX 2603
City-St-Zip: LAKELAND, FL 33806

Title: D () Delete
Name: VREELAND, HOLLY
Address: P.O BOX 2603
City-St-Zip: LAKELAND, FL 33806

Title: EXED () Delete
Name: SEREBRIN, TAMARA
Address: P.O. BOX 2603
City-St-Zip: LAKELAND, FL 33806

Title: S () Delete
Name: WARD, DARYL
Address: 6739 ENGLELAKE DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ARRINGTON, THERESE
Address: 2626 ELIZABETH PLACE
City-St-Zip: LAKELAND, FL 33812

Title: D (X) Change () Addition
Name: MCCARTHY, JOE
Address: 725 OSPREY LANDING
City-St-Zip: LAKELAND, FL 33813

Title: V (X) Change () Addition
Name: PARRISH, HOLLY
Address: 816 S.INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801

Title: MDIR (X) Change () Addition
Name: HUGHES, PAUL
Address: P.O. BOX 2603
City-St-Zip: LAKELAND, FL 33806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARDETTE HEAPS

BM

04/01/2009

Electronic Signature of Signing Officer or Director

Date