2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# N02000004879

Entity Name: ORLANDO REPERTORY THEATRE, A FLORIDA CORPORATION NOT FOR PROFIT

Current Principal Place of Business:

215 N EOLA DR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

215 N EOLA DR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 N EOLA DR
ORLANDO, FL 32801 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: D ( ) Delete
Name: HEEKIN, JAMES F JR
Address: 215 N EOLA DR
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: FARREN, CINDA
Address: 215 N EOLA DR
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: ANDRE', GAIL S
Address: 215 N EOLA DR
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ZIEGLER, RON
Address: 1001 PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change ( ) Addition
Name: CHRISTIANSEN, PATRICK
Address: 1001 PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change ( ) Addition
Name: NICHOLSON, SONJA
Address: 1001 PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON ZIEGLER D 07/09/2004

Electronic Signature of Signing Officer or Director — Date