FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11890 (3)

1. Corporation Name
COCOA VILLAGE PLAYHOUSE, INC.

Principal Place of Business
300 BREVARD AVENUE
COCOA FL 32922

Mailing Address
300 BREVARD AVENUE
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1985
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2612709 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CELIO, ALBERT D ESQUIRE
976 BREVARD AVE., SUITE A
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BANKS, JOHN
STREET ADDRESS	700 S. BABCOCK, SUITE 201
CITY ST ZIP	MELBOURNE FL 32901
TITLE	VPD
NAME	HARRIS, DEWEY
STREET ADDRESS	535 DELANNOY AVENUE
CITY ST ZIP	COCOA FL 32922
TITLE	TD
NAME	SCHWEINSBERG, CATHY
STREET ADDRESS	850 BELHURST LANE
CITY ST ZIP	ROCKLEDGE FL 32955
TITLE	SD
NAME	DALY, GALE
STREET ADDRESS	3222 BUCKINGHAM LANE
CITY ST ZIP	COCOA BEACH FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE		☒	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY ST ZIP			
2.1 TITLE	PD	☒	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY ST ZIP			
3.1 TITLE	VPD	☒	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY ST ZIP			
4.1 TITLE	TD	☒	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY ST ZIP			
5.1 TITLE	SD	☐	☒
5.2 NAME	ARNOLD, MIKE		
5.3 STREET ADDRESS	115 INDIAN RIVER DRIVE, #320		
5.4 CITY ST ZIP	COCOA, FL 32922		
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dewey L. Harris, President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 — Date

407-636-0426 — Daytime Phone #

0004530