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 APR 21 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14721 (7)

1. Corporation Name
THE ACTORS' COMMUNITY THEATRE, INC.

Principal Place of Business	Mailing Address
PO BOX 166 HECTOR BLDG. 300 E CORKSCREW BLVD LAKE HARBOR FL 33459 US	P. O. BOX 166 LAKE HARBOR FL 33459 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1986
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2832167 ☐ 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 ☐ $69.75 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

HELTON, SUSAN W.
5 MYRTLE LN
LAKE HARBOR FL 33459

10. Name and Address of New Registered Agent

81 Name: HUSS, JOHANNA
82 Street Address (P.O. Box Number Is Not Acceptable): 300 SAGINAW AV
83
84 City: CLEWISTON FL 85 Zip Code: 33440

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: Johanna Huss Treas. 4-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LASAGNA, KAYE	1.2 NAME	Kaye Lasagna
STREET ADDRESS	615 E SEPERANZA	1.3 STREET ADDRESS	615 E Esperanza
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	Clewiston, Fla. 33440
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	ABNEY, CHERYL	2.2 NAME	S MILLER, JENNY
STREET ADDRESS	407 W CRESCENT	2.3 STREET ADDRESS	317 ROYAL PALM AV
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	CLEWISTON, FL.
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	HELTON, SUSAN W.	3.2 NAME	T HUSS, JOHANNA
STREET ADDRESS	5 MYRTLE LANE	3.3 STREET ADDRESS	300 SAGINAW AV
CITY-ST-ZIP	LAKE HARBOR FL	3.4 CITY-ST-ZIP	CLEWISTON, FL
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	COOK, SANDY	4.2 NAME	D COUSSERUX, RALPH
STREET ADDRESS	203 SUGARLAND CIR	4.3 STREET ADDRESS	321 W. HAITIAN.
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	CLEWISTON, FL.
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOGGANS, ROSA	5.2 NAME	
STREET ADDRESS	640 EL PRADO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Kaye L Lasagna 4/10/95 813-983-1520
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0078990