

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/05/1986

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 JOHN B BOY AUDITORIUM

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 S. W.C. OWEN AV

27

City & State

City & State

23 CLEWISTON FL.

28

Zip

Country

Zip

Country

24 33440

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUSS, JOHANNA
300 SAGINAW AVE
CLEWISTON FL 33440

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LASAGNA, KAYE
STREET ADDRESS 615 E SEPERANZA
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ DELETE

NAME MILLER, JENNY
STREET ADDRESS 517 ROYAL PALM AVE
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ DELETE

NAME HUSS, JOHANNA
STREET ADDRESS 300 SAGINAW AVE
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ DELETE

NAME COUSSEAU, RALPH
STREET ADDRESS 321 W HAITIAN
CITY-ST-ZIP CLEWISTON FL

TITLE ☒ DELETE

NAME GOGGANS, ROSA
STREET ADDRESS 640 EL PRADO DR
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ANN BUCHANAN
P.O. BOX 2702
CLEWISTON

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:

Johanna Huss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-96 941-983-1500

Date

Daytime Phone

CR2E037 (12/95)