


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <i>Sandra E. Northam</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14721** (7)

1. Corporation Name

THE ACTORS' COMMUNITY THEATRE, INC.



Principal Place of Business		Mailing Address	
JOHN B. BOY AUDITORIUM S. W.C. OWEN AVE. CLEWISTON FL 33440 US		P. O. BOX 166 LAKE HARBOR FL 33459-0166 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/05/1986	04/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2832167	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LASAGNA, KAYE			1.2 NAME			
STREET ADDRESS	615 E SEPERANZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			1.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, JENNY			2.2 NAME			
STREET ADDRESS	517 ROYAL PALM AVE		DECEASED	2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUSS, JOHANNA			3.2 NAME			
STREET ADDRESS	300 SAGINAW AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COUSSEAU, RALPH			4.2 NAME			
STREET ADDRESS	321 W HAITIAN			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANN BUCHANAN			5.2 NAME			
STREET ADDRESS	P.O. BOX 2702		N/A	5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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 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.

JOHANNA HUSS 3-12-97

CR2E037 (9/96)