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 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34379 (0)

1. Corporation Name

LAKE WALES AMPHITHEATER, INC.

Principal Place of Business
PASSION PLAY RD
LAKE WALES FL 33853
US

Mailing Address
PO BOX 71
LAKE WALES FL 33859-7071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1989
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0684390 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

WHITE, J. NORMAN
225 EAST PARK AVENUE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Cynthia Crofoot Rignanese
82 Street Address (P.O. Box Number is Not Acceptable): 198 First Street South
83 P.O. Box 7604
84 City: Winter Haven FL 85 Zip Code: 33853

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] 4/17/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, GARY W	1.2 NAME		
STREET ADDRESS	1113 VONCILE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	WINDHAM, W. KEITH	2.2 NAME		
STREET ADDRESS	1046 SANTA MARIA RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	~~JACK HAMILTON~~	3.2 NAME	Laura Williams	
STREET ADDRESS	~~1524 TINDEL CAMP RD.~~	3.3 STREET ADDRESS	P.O. Box 2368 N/A	
CITY-ST-ZIP	~~LAKE WALES FL~~	3.4 CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	DT	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	~~ROBERT GORDON~~	4.2 NAME	Don Tibbetts	
STREET ADDRESS	~~222 HIGHWAY 60 E.~~	4.3 STREET ADDRESS	P.O. Box 1073 N/A	
CITY-ST-ZIP	~~LAKE WALES FL~~	4.4 CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: [signature] GARY W. DeWITT 4/17/95 813 676 1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068101