

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 # 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

3. Date Incorporated or Qualified
09/27/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0684390

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

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

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

Please delete

81 Name

CYNTHIA CROFOOT RIGNANESE

82 Street Address (P.O. Box Number is Not Acceptable)

198 FIRST STREET SOUTH

83

84 City

WINTER HAVEN

FL

85 Zip Code

33883

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 of officer or director (Name of registered agent and the corporation)

(If the Registered Agent's signature is required, please print name)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEWITT, GARY W	
STREET ADDRESS	1113 VONCILE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WINDHAM, W. KEITH	
STREET ADDRESS	1046 SANTA MARIA RD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JACK HAMILTON	
STREET ADDRESS	1524 TINDEL CAMP RD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT GORDON	
STREET ADDRESS	222 HIGHWAY 60 E.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DS
33 STREET ADDRESS	Laura Williams
34 CITY-ST-ZIP	PO Box 2368 N/A
	Lake Wales FL 33859
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DT
43 STREET ADDRESS	Don Tibbetts
44 CITY-ST-ZIP	PO Box 1073 N/A
	Lake Wales FL 33859
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

Gary W. DeWitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
DATE

CR2E037 (12/95)