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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34379** (0)

1. Corporation Name

LAKE WALES AMPHITHEATER, INC.

Principal Place of Business

Mailing Address

**PASSION PLAY RD
LAKE WALES FL 33853
US**

**PO BOX 71
LAKE WALES FL 33859-7071
US**

3. Date Incorporated or Qualified

09/27/1989

4. FEI Number

59-0684390

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIGNANESE, CYTHIA CROFOOT
106 FIRST STREET SOUTH
WINTER HAVEN FL 33883**

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	DP	1.1 TITLE	Director
NAME	DEWITT, GARY W	1.2 NAME	Harold Lassiter
STREET ADDRESS	1443 VONCILE	1.3 STREET ADDRESS	318 S Lakeshore Blvd
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	Lake Wales, FL 33853
TITLE	DV	2.1 TITLE	Director
NAME	MILLER, MARY	2.2 NAME	Elmer Stephens
STREET ADDRESS	1650 LAKE EASY RD	2.3 STREET ADDRESS	239 Ridge Manor Dr
CITY - ST - ZIP	BABSON PARK FL	2.4 CITY - ST - ZIP	Lake Wales FL 33853
TITLE	DS	3.1 TITLE	
NAME	TIBBETTS, DON	3.2 NAME	
STREET ADDRESS	PO BOX 1073 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	
NAME	BEERS, REV DAVID	4.2 NAME	
STREET ADDRESS	243 N WALES DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE:

Mary A Miller

Mary Miller

4/23/98

CP2E037 (10/97)