## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N34379**

1. Corporation Name

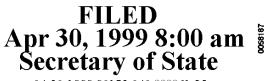
LAKE WALES AMPHITHEATER, INC.

Principal Place of Busines
PASSION PLAY RD
LAKE WALES FL 33853
ue

Mailing Address

PO BOX 71

LAKE WALES FL 33859-7071



04-30-1999 90173 040 \*\*\*\*61.25

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2. Principal Place of Business			2a.				3. Date Incorporated or Qualifed 09/27/1989					
22	Suite, Apt. #, etc.	-	27	Suite, Apt. #, etc.			4.	FEI Number <b>59-0684390</b>		Applied For Not Applicable		
City & State			28	City & State			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
24	Zip	Country 25	29	Zîp Cou		untry		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
					81	Name						
RIGNANESE, CYTHIA CROFOOT 198 FIRST STREET SOUTH					82	82 Street Address (P.O. Box Number is Not Acceptable)						
WINTER HAVEN FL 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.

84

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SIGNATURE	Signature, typed or printed name of registered agent and title if a	policable (NOTE: Re	rgistered Agent signature n	equired when reinstating)	DATE						
12.	OFFICERS AND DIREC	, ,	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	☐ DELETE	1.1 TITLE	President, Directo	or	Change	Addition				
NAME	LASSITER, HAROLD		1.2 NAME	Richard Thompson	)						
STREET ADDRESS	318 S LAKESHORE BLVD		1.3 STREET ADDRESS	Richard Thompson	_						
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY+ST+ZIP	Lake whiles, FL	33853						
TITLE	DV	☐ DELETE	2.1 TITLE			Change	☐ Addition				
NAME	MILLER, MARY		2.2 NAME								
STREET ADDRESS	1650 LAKE EASY RD		2.3 STREET ADDRESS				ļ				
CITY-ST-ZIP	BABSON PARK FL		2. 4 CITY-ST-ZIP		-	·					
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition				
NAME	STEPHENS, ELMER		3.2 NAME				٠				
STREET ADDRESS	239 RIDGE MANOR DR		3.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WALES FL 33853		3.4. CITY-ST-ZIP								
TITLE	DT	DELETE	4.1 TITLE			Change	☐ Addition				
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		☐ DELETE	5.1 TITLE			Change	☐ Addition				
NAME	, ,	·	5.2 NAME								
STREET ADDRESS	1,		5.3 STREET ADDRESS								
CITY-ST-ZIP	Tagan saling and a second seco		5.4 CITY-ST-ZIP			<u> </u>					
TITLE	• • •	☐ DELETE	6.1 TITLE			Change	Addition				
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS			* .					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	A-1							

14.+1 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, with all other like empowered.

SIGNATURE:

IAME OF STANING OFFICER OR DIRECTOR

4-26-99

Zip Code

85