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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000781

1. Corporation Name

ORLANDO JUNIOR THEATER, INC.

Principal Place of Business

1455 THORNHILL CIR
OVIEDO FL 32765

Mailing Address

1455 THORNHILL CIR
OVIEDO FL 32765



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

59-3179774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WETTACH, JOSEPH C
ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE PA
315 E ROBINSON ST., S-600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

TITLE **D** ☒ DELETE
 NAME **BRYAN, MICHAEL**
 STREET ADDRESS **6525 LAKE CHARM CIRCLE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ DELETE
 NAME **KUNZMAN, ELIZABETH**
 STREET ADDRESS **1052 DEES DRIVE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **DS** ☒ DELETE
 NAME **ELLIS, MARIANNE**
 STREET ADDRESS **1007 FAIRCLOTH COURT**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **DT** ☒ DELETE
 NAME **LYONS, PETE**
 STREET ADDRESS **P.O. BOX 729 N/A**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **P** ☐ DELETE
 NAME **MAWHINNEY, CAROLE**
 STREET ADDRESS **1455 THORNHILL CIRCLE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ DELETE
 NAME **CHARISSE, HERNANDEZ**
 STREET ADDRESS **1145 COUINGTON STREET**
 CITY-ST-ZIP **OVIEDO FL 32765**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
 1.2 NAME **Jim Ketcham**
 1.3 STREET ADDRESS **1098 DEES DR.**
 1.4 CITY-ST-ZIP **OVIEDO, FL 32765**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
 2.2 NAME **Carol Norwood**
 2.3 STREET ADDRESS **1800 SILENT FOREST POINT**
 2.4 CITY-ST-ZIP **OVIEDO FL 32765**

3.1 TITLE **TREASURER** ☐ Change ☒ Addition
 3.2 NAME **Deborah Bisette**
 3.3 STREET ADDRESS **1002 TURTLE CREEK DR**
 3.4 CITY-ST-ZIP **OVIEDO FL 32765**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Carole Mawhinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-99

Date

407 266 2874

Daytime Phone #

CR2E037 (1/98)