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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:24

DOCUMENT # N93000001835 (8)

1. Corporation Name
CIVIC THEATRE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1001 EAST PRINCETON STREET ORLANDO FL 32803	1001 EAST PRINCETON STREET ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3182316 ☐ Applied For ☐ Not Applicable
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 XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOESSER, JOHN
1001 EAST PRINCETON ST
ORLANDO FL 32803

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/C ☐ Change ☐ Addition
NAME	RICH, JONATHAN	1.2 NAME	Rich, Jonathan
STREET ADDRESS	2 SOUTH ORANGE PLAZA	1.3 STREET ADDRESS	2 South Orange Plaza
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D	2.1 TITLE	D/P ☐ Change ☐ Addition
NAME	HARDING, MICHAEL	2.2 NAME	Harding, Michael
STREET ADDRESS	200 S. ORANGE AVE., STE 1800	2.3 STREET ADDRESS	200 S. Orange Ave., Ste 1800
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	DVP	3.1 TITLE	D/PE ☐ Change ☐ Addition
NAME	CROFTON, MEG	3.2 NAME	Ziomek, Janet
STREET ADDRESS	1375 LAKE BUENA VISTA DR., 2 NORTH	3.3 STREET ADDRESS	1621 N. Mills Ave
CITY-ST-ZIP	LAKE BUENA VISTA FL	3.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	DVP	4.1 TITLE	D/V ☐ Change ☐ Addition
NAME	ZIOMEK, JANET	4.2 NAME	Stuart, Virginia
STREET ADDRESS	1621 N. MILLS AVE	4.3 STREET ADDRESS	360 Beloit Avenue
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	DS	5.1 TITLE	D/S ☐ Change ☐ Addition
NAME	HOBBY, PATRIE	5.2 NAME	Oleck, Laura
STREET ADDRESS	782 MCINTYRE AVE	5.3 STREET ADDRESS	741 Sequoia Trail
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	DT	6.1 TITLE	D/V ☐ Change ☐ Addition
NAME	DANNEWITZ, CHARLES	6.2 NAME	Crofton, Meg
STREET ADDRESS	390 N ORAGNE AVE., STE 1900	6.3 STREET ADDRESS	1375 Lake Buena Vista Dr. 2 North 204D
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Lake Buena Vista, FL 32830

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: Janet L. Ziomek 3/8/95 407-898-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004189

Corporation Annual Report 1995
Civic Theatre Foundation

Attachment: Additional officer/director information

D/T
Clements, William C.
Barnett Bank Center, Suite 700 MCC
Orlando, FL 32802-3200