

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morheim  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified  
04/26/1993

3a. Date of Last Report  
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

LOESSER, JOHN  
1001 EAST PRINCETON ST  
ORLANDO FL 32803

81 Name

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

83

84 City

000001749260

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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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when Transferring)

John Loesser

Executive Director

1/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☒ DELETE  
NAME RICH, JONATHAN  
STREET ADDRESS 2 SOUTH ORANGE PLAZA  
CITY-ST-ZIP ORLANDO FL

TITLE DP ☐ DELETE  
NAME HARDING, MICHAEL  
STREET ADDRESS 200 S. ORANGE AVE., STE 1800  
CITY-ST-ZIP ORLANDO FL

TITLE DPE ☐ DELETE  
NAME ZIOMEK, JANET  
STREET ADDRESS 1621 N MILLS AVENUE  
CITY-ST-ZIP ORLANDO FL

TITLE DV ☐ DELETE  
NAME STIART. VORGOMOA  
STREET ADDRESS 360 BELLOT AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE DS ☐ DELETE  
NAME OLECK, LAURA  
STREET ADDRESS 741 SEQUOIA TRAIL  
CITY-ST-ZIP MAITLAND FL

TITLE DV ☐ DELETE  
NAME CROFTON, MEG  
STREET ADDRESS 1375 LAKE BUENA VISTA DR, 2 N 204D  
CITY-ST-ZIP LAKE BUENA VISTA FL

1.1 TITLE D/C ☒ Change ☐ Addition  
1.2 NAME Harding, Michael  
1.3 STREET ADDRESS 200 South Orange Ave., Ste. 1800  
1.4 CITY-ST-ZIP Orlando, FL 32801

2.1 TITLE D/P ☒ Change ☐ Addition  
2.2 NAME Zioneck, Janet  
2.3 STREET ADDRESS 1621 North Mills Avenue  
2.4 CITY-ST-ZIP Orlando, FL 32803

3.1 TITLE D/PE ☒ Change ☐ Addition  
3.2 NAME Stuart, Virginia  
3.3 STREET ADDRESS 360 Beloit Avenue  
3.4 CITY-ST-ZIP Orlando, FL 32789

4.1 TITLE D/VP ☒ Change ☐ Addition  
4.2 NAME Crofton, Meg  
4.3 STREET ADDRESS 1375 Lake Buena Vista Drive  
4.4 CITY-ST-ZIP Lake Buena Vista, FL 32830

5.1 TITLE D/VP ☒ Change ☐ Addition  
5.2 NAME Oleck, Laura  
5.3 STREET ADDRESS 741 Sequoia Trail  
5.4 CITY-ST-ZIP Maitland, FL 32751-4508

6.1 TITLE D/S ☒ Change ☐ Addition  
6.2 NAME Clements, William C.  
6.3 STREET ADDRESS 605 Dartmouth Street  
6.4 CITY-ST-ZIP Orlando, FL 32804

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Clements  
Secretary

Daytime Phone # 3-12-96

CR2E037 (12/95)