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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
4. FEI Number	59-3182316
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 32803-1420	28 Country
24	25
29 Zip 32803-1420	30 Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
SELLERS, JEFF 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C
NAME	ZOMEK, JANET	1.2 NAME	Stuart, Virginia
STREET ADDRESS	2645 STANTON HALL COURT	1.3 STREET ADDRESS	360 Beloit Avenue
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	PD	2.1 TITLE	P/D
NAME	STUART, VIRGINIA	2.2 NAME	Oleck, Laura
STREET ADDRESS	360 BELOIT AVE	2.3 STREET ADDRESS	741 Sequoia Trail
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Maitland, FL 32751-4508
TITLE	PD	3.1 TITLE	D
NAME	OLECK, LAURA	3.2 NAME	Neptune, Darby
STREET ADDRESS	741 SEQUOIA TRAIL	3.3 STREET ADDRESS	313 Sandpiper Court
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	VPD	4.1 TITLE	
NAME	FLUKE, LONN	4.2 NAME	
STREET ADDRESS	1325 BRANCH HILL COURT	4.3 STREET ADDRESS	Apopka, FL 32712
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S
NAME	LYON, ANDREA	5.2 NAME	Henderson, Marisa
STREET ADDRESS	BAY VIEW RESERVE, #5, 7550 HINSON ST.	5.3 STREET ADDRESS	390 N. Orange Ave., Ste 700
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32802
TITLE	T	6.1 TITLE	T
NAME	BURROW, RYAN	6.2 NAME	Hunter, Todd
STREET ADDRESS	200 S. ORANGE AVE. SOAB-8	6.3 STREET ADDRESS	891 37th Street
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32805

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:  Laura Oleck President/Director 02/25/98 407-896-7365

CR2E037 (10/97)