


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90037 043 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N93000001835</b>                          |  |
| 1. Entity Name<br><b>CIVIC THEATRE FOUNDATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1001 EAST PRINCETON STREET<br/>ORLANDO, FL 32803-1420 US</b> | Mailing Address<br><b>1001 EAST PRINCETON STREET<br/>ORLANDO, FL 32803-1420 US</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



07062005 Chg-NP CR2E037 (10/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3182316</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>UCF CIVIC THEATRE<br/>4000 CENTRAL FLORIDA BLVD.<br/>ORLANDO, FL 32816-2372</b> |  | 7. Name and Address of New Registered Agent        |          |
|   |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SANTOS, FRANK<br>7600 INTERNATIONAL DR.<br>ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>James Heekin<br>215 North Eola Drive<br>Orlando, FL 32802-2809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>CHRISTIANSEN, PATRICK<br>255 S. ORANGE AVE., 17TH FLOOR<br>ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>Roseann Harrington<br>500 S. Orange Ave.<br>Orlando, FL 32801-4408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>NICHOLSON, SONJA<br>150 N. SPRING LAKE DR.<br>ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Paul Lartonoix<br>1001 E. Princeton St.<br>Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | FC<br>HOLMES, BOB<br>12424 RESEARCH PARKWAY, #140<br>ORLANDO, FL 328263257 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2-6-05 407-896-7365**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #