

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001835

FILED
Feb 18, 2008
Secretary of State

Entity Name: CIVIC THEATRE FOUNDATION, INC.

Current Principal Place of Business:

1001 EAST PRINCETON STREET
ORLANDO, FL 328031420 US

New Principal Place of Business:

Current Mailing Address:

1001 EAST PRINCETON STREET
ORLANDO, FL 328031420 US

New Mailing Address:

FEI Number: 59-3182316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES
215 NORTH EOLA DRIVE
ORLANDO, FL 328022809 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEEKIN, JAMES
Address: 215 NORTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 328022809

Title: P () Delete
Name: HARRINGTON, ROSEANN
Address: 500 S ORANGE AVE
City-St-Zip: ORLANDO, FL 328014408

Title: T () Delete
Name: CHAPMAN, AMY
Address: 1400 W. FAIRBANKS AVE., SUITE 102
City-St-Zip: ORLANDO, FL 32789

Title: V () Delete
Name: BARRIOS, CARLOS
Address: 300 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: LARTONIOX, PAUL
Address: 1001 EAST PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CHAPMAN, AMY
Address: 420 S. ORANGE AVENUE, SUITE 500
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MILLER, TIFFANI
Address: 215 NORTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 32802

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LARTONIOX

D

02/18/2008

Electronic Signature of Signing Officer or Director

Date