

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000004715 (7)

1. Corporation Name

ACTORS THEATRE OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

306 EAST CHURCH STREET
DELAND FL 32724

306 EAST CHURCH STREET
DELAND FL 32724



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1995

3a. Date of Last Report
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 224 S. BEACH ST

26 1000 CRESCENT PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 204

27 DELAND FL

City & State

City & State

23 ORLANDO BCH FL

28

Zip

Country

Zip

Country

24 25 USA

29 32724 30 USA

4. FEI Number

APPLIED FOR 598865412

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARGROVE, J T
306 EAST CHURCH STREET
DELAND FL 32724

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HARGROVE, J T
STREET ADDRESS 1000 CRESCENT PARKWAY
CITY-ST-ZIP DELAND FL 32724

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME CONWELL, O'KANE
STREET ADDRESS 4405 SEA COVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SMITH, WILLIAM J
STREET ADDRESS 1247 MINNESOTA STREET
CITY-ST-ZIP ORLANDO FL 32803

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. I do 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

SIGNATURE REQUIRED

9/15/97 404-255-1889

CR2E037 (4/97)