FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004936 (9)

1. Corporation Name	(9)
SOUTH LAKE THEATER PROJECT, INC.	

					AJIH ARAH RAHA RICA	HARAGA KANA BAN ABA
Principa Place of Business Mailing Address					JUN DANN BRAN BIAN	
8879 W. COLONIAL DRIVE. SUITE #141 8879 W. COLONIAL DRIV OCOEE FL 34761 OCOEE FL 34761		RIVE. SUITE #141				
				3. Date Incorporated or Qualified 10/16/1995	3a. Date of L	ast Report
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt	# Atc	26		<u>59-3345791</u>	ļ.	Not Applicable
22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		.75 Additional ee Required
City & Sta	19	City & State		Election Campaign Financing Trust Fund Contribution	\$5	5.00 May Be
Zip 24	Country	Zip	Country	This corporation has liability for interest.	angible tax unde	dded to Fees
24	9. Name and Address of Currer	29	30	Florida Statutes	Yes 🗹 No	# S. 188.002,
	C. Hamb and Address of Currel	ii negisterea Agent		10. Name and Address of New Reg	istered Agent	
HAZEL,	DARYI		81 Name			
	. COLONIAL DRIVE SUITE #141		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
OCOEE	FL 34761		83			
			[63]			
			84 City		85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	as the above-named coro	pration submits this statement for the purpo		
or registe familiar w	red agent, or both, in the State of Floric ith, and accept the obligations of, Sect	da. Such change was authorize	ed by the corporation's box	pration submits this statement for the purpo ard of directors. I hereby accept the appoint	se of changing it Iment as registe	ts registered office red agent. I am
SIGNATURE			•		J	
	Signature, typed or printed name of registered agent		TE: Registered Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
NAME i	HAZEL, DARYL	DELETE	1.1 TITLE		☐ Chang	
STREET ADDRESS	569 E. MINNEHAHA AVENUE		1.2 NAME		_	
CITY-ST-ZIP	CLERMONT FL 34711		1.3 STREET ADDRESS			
TITLE	SD	DELETE	1.4 CITY - ST - ZIP			
NAME	HAZEL, JANIE	□ neces€	2 1 TITLE		Chang	e 🔲 Addition
STREET ADDRESS	836 E. PARKLAND AVENUE		2.2 NAME			
CITY - ST - ZIP	CLERMONT FL 34711		2 3 STREET ADDRESS			
TITLE	TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			
NAME	TAYLOR, TODD		3 2 NAME		Change	e 🔲 Addition
STREET ADDRESS	569 E. MINNEHAHA AVENUE		3.3 STREET ADDRESS			1
CITY-ST-ZIP	CLERMONT FL 34711		34. CITY-ST-ZIP			
TITLE		DELETE	41 TITLE			
NAME			4. 2 NAME		☐ Change	Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		☐ Change	Addition
NAME			5 2 NAME		change	- Notingii
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		☐ Change	Addition
NAME			6 2 NAME		o.ayo	/ .oditigir
STREET ADDRESS			6.3 STREET ADDRESS			
OTY-ST-ZIP	certify that the information supplied wi	·	64 CITY-ST-ZIP			
· • · · uo ilereby	- verilly that the information eupolical will	the three filters in the second of the second				

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR