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FILED  
May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004903 (8)**

1. Corporation Name

**THEATREWORKS OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>221 SUMMERWOOD TRAIL MAITLAND FL 32751</b>	Mailing Address <b>221 SUMMERWOOD TRAIL MAITLAND FL 32751</b>
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3. Date Incorporated or Qualified

**09/18/1996**

4. FEI Number

**59-3411509**

Applied For

Not Applicable

2. Principal Place of Business

**21 2103 Homewood Drive**

Suite, Apt. #, etc.

**22**

City & State

**23 Orlando FL**

Zip

**24 32809**

Country

**25 USA**

2a. Mailing Address

**26 2103 Homewood Drive**

Suite, Apt. #, etc.

**27**

City & State

**28 Orlando FL**

Zip

**29 32809**

Country

**30 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

**DE ZETTER, DONALD R  
CINCINNATI BELL INFORMATION SYSTEMS INC.  
285 INTERNATIONAL PARKWAY  
LAKE MARY FL 32746**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
DEZUTTER, STACY L  
STREET ADDRESS  
221 SUMMERWOOD TRAIL  
CITY-ST-ZIP  
MAITLAND FL 32751**

TITLE ☐ DELETE

**NAME  
BETZ, DONNA L  
STREET ADDRESS  
920 CARLSON DR.  
CITY-ST-ZIP  
ORLANDO FL 32804**

TITLE ☐ DELETE

**NAME  
CENTKO, BERYL  
STREET ADDRESS  
5909 TAMANACO TRAIL  
CITY-ST-ZIP  
ORLANDO FL 32817**

TITLE ☐ DELETE

**NAME  
REICH, ROBERT  
STREET ADDRESS  
1874 BRAMBLEWOOD DRIVE  
CITY-ST-ZIP  
ST. CLOUD FL 34769**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**President, Secretary, Treas, Dir** ☒ Change ☐ Addition  
**Stacy L. DeZutter**  
**2103 Homewood Drive**  
**Orlando, FL 32809**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Director** ☐ Change ☒ Addition  
**Betsy Kingsbury**  
**221 Summerwood Trail**  
**Maitland, FL 32751**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Director** ☐ Change ☒ Addition  
**Don Caniglia**  
**1121 Cambridge St.**  
**Deltona, FL 32725**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Director** ☐ Change ☒ Addition  
**David or Barbara Russo**  
**9548 Baycliff Ct**  
**Orlando, FL 32836**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**Director** ☒ Change ☐ Addition  
**Beryl Centko**  
**2212 River Park Circle Apt # 211**  
**Orlando, FL 32817**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

*Stacy L. DeZutter*

5/1/98 11:17 AM - 9055

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