

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90028 033 ****61.25

DOCUMENT # N97000003535

1. Entity Name

CHRISTIAN DINNER THEATRE PRODUCTIONS, INC.

R

Principal Place of Business

Mailing Address

19 HOLLEY KING RD
 DEFUNIAK SPRINGS FL 32433

19 HOLLEY KING RD
 DEFUNIAK SPRINGS FL 32433-7627

*FASTER
 TO THIS ADDRESS: 4896 Kentucky Ave
 -> INDIANAPOLIS, IN 46221*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
59-3464386

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFISTER, FREDERICK C JR
19 HOLLEY KING RD
DEFUNIAK SPRINGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Frederick C Pfister Jr

4-28-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SKILES, EDWIN S REV	
STREET ADDRESS	6220 LINDA LANE	
CITY-ST-ZIP	INDIANAPOLIS IN 46241	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEEK, JOHN E	
STREET ADDRESS	2415 W-79TH ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEEK, SHARYN R	
STREET ADDRESS	2415 W 9TH ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Frederick C Pfister Jr

4-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)