2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
CC5029230736

DOCUMENT# 711125

Entity Name: CULTURAL PARK THEATRE COMPANY, INC.

Current Principal Place of Business:

CULTURAL PARK THEATRE
528 CULTURAL PARK BLVD
CAPE CORAL, FL 33990

Current Mailing Address:

PO BOX 150022
CAPE CORAL, FL 33915

FEI Number: 59-1155302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORAN, MICHAEL D
528 CULTURAL PARK BLVD
CAPE CORAL, FL 33990 US

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

Officer/Director Detail :

Title	P
Name	FRASCA, BOBBI
Address	1008 SE 38TH ST
City-State-Zip:	CAPE CORAL FL 33904

Title	T
Name	MAGLIONE-CHENAULT, LISA
Address	3532 SW 17TH PL
City-State-Zip:	CAPE CORAL FL 33914

Title	1VP
Name	ST. ONGE, ROY
Address	19313 CEDAR CREST CT
City-State-Zip:	N FORT MYERS FL 33903

Title	2VP
Name	KOC, JUNE
Address	1990 ROSEATE LANE
City-State-Zip:	SANIBEL FL 33957

Title	3VP
Name	WENGERTER, CHRISTI
Address	118 SE 8TH PL
City-State-Zip:	CAPE CORAL FL 33990

Title	RS
Name	CULLITON, ADAM
Address	1814 SE 10TH PLACE
City-State-Zip:	CAPE CORAL FL 33990

I hereby 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 all other like empowered.

SIGNATURE: LISA MAGLIONE-CHENAULT TREASURER 04/17/2015

Electronic Signature of Signing Officer/Director Detail — Date