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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1544

(8)

TEEN MUSICAL THEATRE, INC.

FILED
May 16 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address			The second secon		
11984 SUELLEN CIRCLE WEST PALM BEACH FL 33414		11984 SUELLEN CIRCLE WEST PALM BEACH FL 33414-6274					
110011740		WEO! THEM DEMONTE	*****			T	
					3. Date Incorporated or Qualified 02/21/1984	3a. Date of Last F 06/20/19	Report 996
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	I A	pplied For
21		26			59-2414743	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			b. Certificate of Status Desired	Fee R	equired
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Country Zip Cou		try	8. This corporation has liability for Intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes 🔀 No	
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				Name			i
Borchers, Dr. Karen L.				Street A	Address (P.O. Box Number is Not Acceptable)		
11984 SUELLEN CIRCLE				0,100171	Addiess (F.O. Dox Nothber is Not Acceptable)		
WEST PALM BEACH FL 33414				33			
			ļ.,	NA 6"		· · · · · · · · · · · · · · · · · · ·	
			'	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Stati	utes, the abo	ove-named c	orporation submits this statement for the p		its registered
L office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	hacirodiua	hy the corre	ration's board of directors. I hereby accep	t the appointment as	registered
=	in ramiliar with, and accept the oblig	ations of, Section 617,0503, F	-iorida Statu	105.			
SIGNATURE .	Signature, typed or printed name of registered age	on) and title if anolicable (NE	YE Banistared	Agnet eleneture es	equired when reinstating)	DATE	
12.		D DIRECTORS	13.	- gork algorithme re	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	DP	☐ DELETE	1.1 TiTi	E	7,001110110,011110101010101110	Change	Addition
NAME	BORCHERS, DR. KAREN L.	_	1.2 NAN	- 1		tion The Control	
STREET ADDRESS	11984 SUELLEN CIRCLE			EET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL						
TITLE	DS DELETE		2.1 TITL	r-ST-ZIP		Change	☐ Addition
NAME	CAHOON, REV. PAMELA		22 NAV			C Sumilie	L Addition
	272 CAMELLIA STREET						İ
STREET ADDRESS	PALM BEACH GDNS FL		2.3 STREET ADDRESS		20		· ·
CITY-ST-ZiP TiTLE	DVT	DELETE		Y-ST-ZIP		[] (bases	in Decem
		L. DCLLIC	3.1 TITL	-		☐ Change	Addition
NAME STREET ADDRESS	JONES, DR JACK W		3.2 NAA				
STREET ADDRESS	125 HARVARD			EET ADDRESS			
CITY-SI-ZIP	LAKE WORTH FL	OCIETE		Y-ST-ZIP			
TITLE	D DANGER DANGER	DELETE	4.1 TITL			Change	Addition
NAME	MCMILLIN, BARBARA		4. 2 NA				
STREET ADDRESS	12016 BASIN ST		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITL	E		Change	Addition
NAME	BRYAN, MRS, VIVIAN		5.2 NAN	ME .		•	
STREET ADDRESS	577 E WOODS RD		5.3 STR	EET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY	r-ST-ZIP			[
TITLE		☐ DELETE	6.1 TITL	E		Change	Addition
NAME			6.2 NAM	IE	•		į
STREET ADDRESS			6.3 STR	EET ADDRESS			ļ
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			ŀ
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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:

SICKNUSCHEROUINED

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561-852-4053