

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724317

**FILED**  
**Mar 03, 2021**  
**Secretary of State**  
**3962342162CC**

**Entity Name:** FRIENDS OF THEATRE, INC. THE

**Current Principal Place of Business:**

MEMORIAL DRIVE, UNIVERSITY OF MIAMI  
CORAL GABLES, FL 33124

**Current Mailing Address:**

MEMORIAL DRIVE, UNIVERSITY OF MIAMI  
P.O. BOX 248273  
CORAL GABLES, FL 33124 US

**FEI Number:** 23-7197647

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PALLEY, SHELDON B  
1497 NW 7TH STREET  
MIAMI, FL 33125 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 TD  
Name PALLEY, SHELDON B  
Address 8365 S W 91ST STREET  
City-State-Zip: MIAMI FL 33156

Title VD  
Name PALLEY, MYRNA  
Address 8365 SW 91ST STREET  
City-State-Zip: MIAMI FL 33156

Title VD  
Name NEWPORT, CAROL  
Address 10775 N BAYSHORE DR  
City-State-Zip: MIAMI FL 33165

Title SD  
Name VITAL, PEGGY  
Address 343 MAJORCA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title PD  
Name BRUCE, THOR W  
Address 3252 RIVIERA DR  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name HUTCHINSON, SANDRA  
Address 3 GROVE ISLE #1208  
City-State-Zip: MIAMI FL 33133

Title SD  
Name SARAFOLGU, MARGARET  
Address 6201 SW 118 ST  
City-State-Zip: MIAMI FL 33156

Title DL  
Name KING, CAMILLE  
Address 11140 SW 71 AVE  
City-State-Zip: PINECREST FL 33156

**Continues on page 2**

*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:** SHELDON B. PALLEY

TD

03/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DL  
Name LANGSTON, HENRY  
Address 9350 S DIXIE HWY  
11TH FLOOR  
City-State-Zip: MIAMI FL 33156