

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724317

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC9975612753**

**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

**FEI Number:** 23-7197647

**Certificate of Status Desired:** No

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

LANTAFF, KENT  
THEATRE ARTS DEPT  
1231 DICKINSON DR  
CORAL GABLES, FL 33124 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 PD  
Name MCKINNEY, NAOMI  
Address 3618 SW 57 AVE  
City-State-Zip: MIAMI FL 33155

Title PD  
Name CLARKE, PATRICIA  
Address 1001 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33134

Title VPD  
Name ESTAVER, JOANNE  
Address 9221 S W 69TH COURT  
City-State-Zip: PINECREST FL 33156

Title VPD  
Name WALDMAN, MARSHALL  
Address 6312 S W 93RD AVENUE  
City-State-Zip: MIAMI FL 33173

*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:** PALLEY, SHELDON B

TD

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date