

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706850 (5)

1. Corporation Name
VERO BEACH THEATRE GUILD INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JAN 23 AM 8:58

Principal Place of Business 2020 SAN JUAN AVE VERO BEACH FL 32960 US	Mailing Address P.O. BOX 1502 VERO BEACH FL 32961 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1964	3a. Date of Last Report 02/02/1994
4. FEI Number 59-6159056	Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**READ, JOHNSON R
3236-1ST. S.W.
VERO BEACH FL 32968**

10. Name and Address of New Registered Agent

81 Name SEELEY, HENRY W.
82 Street Address (P.O. Box Number is Not Acceptable) 624-102 CENTRE CT, S.W.
83 City VERO BEACH, FL.
84 Zip Code 32962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **HENRY W. SEELEY** *Henry W. Seeley, TREAS.* **1/13/95**

(NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME READ, JOHNSON R
STREET ADDRESS 3236-1ST ST, S.W.	
CITY-ST-ZIP VERO BEACH FL	
TITLE TD	NAME GEOFF, CARTER
STREET ADDRESS 1115-3RD AVE	
CITY-ST-ZIP VERO BEACH FL	
TITLE D	NAME AVRIL, JOHN
STREET ADDRESS 1820 32ND AVE	
CITY-ST-ZIP VERO BEACH FL	
TITLE VPD	NAME BLACKBURN, DAVID
STREET ADDRESS 2025-53RD AVE	
CITY-ST-ZIP VERO BEACH FL	
TITLE SD	NAME COUTU, PAT
STREET ADDRESS 1913 5TH CT, SE	
CITY-ST-ZIP VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	☒ Change ☐ Addition
1.2 NAME DAVID BLACKBURN	
1.3 STREET ADDRESS 2025-53RD AVE, VERO BEACH, FL. 66	
1.4 CITY-ST-ZIP VERO BEACH, FL. 32960	
2.1 TITLE VPD	☒ Change ☐ Addition
2.2 NAME JOHN AVRIL	
2.3 STREET ADDRESS 1820-32ND AVE.	
2.4 CITY-ST-ZIP VERO BEACH, FL. 32960	
3.1 TITLE TD	☒ Change ☐ Addition
3.2 NAME HENRY W. SEELEY	
3.3 STREET ADDRESS 624-102 CENTRE CT, S.W.	
3.4 CITY-ST-ZIP VERO BEACH, FL. 32962	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SD	☐ Change ☐ Addition
5.2 NAME COUTU, PAT	
5.3 STREET ADDRESS 1913-5TH CT.	
5.4 CITY-ST-ZIP VERO BEACH, FL. 32962	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry W. Seeley, Treasurer* **1/13/95** **(407) 562-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
HENRY W. SEELEY