

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706850 (5)

1. Corporation Name

VERO BEACH THEATRE GUILD INC.

Principal Place of Business

2020 SAN JUAN AVE  
VERO BEACH FL 32960  
US

Mailing Address

P.O. BOX 1502  
VERO BEACH FL 32961-1502  
US3. Date Incorporated or Qualified  
02/18/19643a. Date of Last Report  
01/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

Zip

29

Country

30

4. FEI Number

59-6159056

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

SEELEY, HENRY W.  
624-102 CENTRE CT. S. W.  
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<del>AVRIL JOHN</del>	
STREET ADDRESS	<del>1020 32ND AVE.</del>	
CITY - ST - ZIP	<del>VERO BEACH FL</del>	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<del>DOOTER JAMES</del>	
STREET ADDRESS	<del>2025 63RD AVE.</del>	
CITY - ST - ZIP	<del>VERO BEACH FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEELEY, HENRY W.	
STREET ADDRESS	624-102 CENTRE CT. S. W.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCREYNOLDS, ELIZABETH	
STREET ADDRESS	4510-9TH PL.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	<del>SB</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>COURT RAT</del>	
STREET ADDRESS	<del>1910 5TH ST.</del>	
CITY - ST - ZIP	<del>VERO BEACH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES B. DOOTER	
1.3 STREET ADDRESS	2205 S.W. Olympic Club Terrace	
1.4 CITY - ST - ZIP	Palm City, FL 34990	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EARLE Beasley	
2.3 STREET ADDRESS	2225 FAIRWAY Dr.	
2.4 CITY - ST - ZIP	VERO BEACH FL - 32960.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

HENRY W. SEELEY, TREASURER

Date

Daytime Phone # 0020842

CR2E037 (9/96)