2004 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 25, 2004 8:00 am **DOCUMENT # 706850 Secretary of State** 1. Entity Name 02-25-2004 90036 003 ****61.25 VERO BEACH THEATRE GUILD INC. Principal Place of Business Mailing Address 2020 SAN JUAN AVE VERO BEACH FL 32960 P.O. BOX 1502 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-6159056 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent www.W. PECK, BARBARA 2260 CORDOVA AVE VERO BEACH FL 32960 2300 - Indian Creek Buld. W. Zip Code 32966 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HENRY W. Seeley & Change Ad 2300 END. CRK. BULD. W. +C-321 TITLE TITLE Delete PECK, BARBARA NAME NAME 2260 CORDOVA AVE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 Vero Beach . Fl. 32966. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BARBARA PECK 2260 CORDOUR AUE. Addition SEELEY, HENRY NAME NAME 2300 INDIAN CREKK BLVD, #C-321 STREET ADDRESS STREET ADDRESS vero Beach, FL, 32960' VERO BEACH FL 32966 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition LETTIERE, DOMINIE NAME NAME 1295 24TH AVE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE Selete ☐ Change Addition BARTHOLMAN, BARBARA NAME 5615 LAS OCEANS DR STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition LAYCOCK, WILLY NAME NAME 601 SEAWAY DR, #B-32 STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 City-St-7IP CITY_ST_7/P ☐ Change TITLE Delete TITLE ■ Addition MOORE, JOYCE NAME NAME 9 MARINE DA STREET ADDRESS STREET ADDRESS "Boach. It, 32866 VEBØ BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

ELD. SEDO