

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710550** (5)
1. Corporation Name
KEY BISCAYNE MUSIC AND DRAMA CLUB, INC.



Principal Place of Business Mailing Address
P.O. BOX 490178 P.O. BOX 490178
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified **03/18/1966** 3a. Date of Last Report **01/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0317575	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	23	28
23	28	24	30
Zip	Country	25	30
24	25	29	30

9. Name and Address of Current Registered Agent

**MCKAY, ERNISTINE
300 GREENWOOD DR.
KEY BISCAYNE FL 33149**

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FRIEDBERG, RICHARD	1.2 NAME	MCKAY ERNESTINE
STREET ADDRESS	OCEAN VILLAGE 55 OCEAN LANE #3021	1.3 STREET ADDRESS	300 GREENWOOD DR.
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD	2.1 TITLE	VD
NAME	RUDY, CAROL A	2.2 NAME	CIFUENTES, RICHARD
STREET ADDRESS	OCEAN VILLAGE 55 OCEAN LANE #3021	2.3 STREET ADDRESS	14880 S.W. 158TH ST.
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	MIAMI, FL 33187
TITLE	CSD	3.1 TITLE	TD
NAME	SPANGLER, CAROL	3.2 NAME	GATES, BRIAN
STREET ADDRESS	341 N.W. 116TH ST.	3.3 STREET ADDRESS	9113 S.W. 151 COURT
CITY-ST-ZIP	MIAMI FL 33168	3.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	RSD	4.1 TITLE	SD
NAME	BRANDT, DEBBIE	4.2 NAME	FRIEDBERG, CAROL-ANN
STREET ADDRESS	442 RIDGEWOOD DR.	4.3 STREET ADDRESS	OCEAN VILLAGE, 55 OCEAN LANE #3021
CITY-ST-ZIP	KEY BISCAYNE FL 33149	4.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	TD	5.1 TITLE	SD
NAME	MCKAY, ERNESTINE	5.2 NAME	BRANDT, DEBBIE
STREET ADDRESS	300 GREENWOOD DR.	5.3 STREET ADDRESS	442 RIDGEWOOD DR.
CITY-ST-ZIP	KEY BISCAYNE FL 33149	5.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D	6.1 TITLE	D
NAME	CIFUENTES, RICHARD	6.2 NAME	FRIEDBERG, RICHARD
STREET ADDRESS	14880 S.W., 158TH ST.	6.3 STREET ADDRESS	OCEAN VILLAGE, 55 OCEAN LANE #3021
CITY-ST-ZIP	MIAMI FL 33187	6.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Gates* **BRIAN GATES** 3-6-96 305-385-5248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)