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FILED

Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 737150 (3)

1. Corporation Name

RIVERSIDE THEATRE, INC.



Principal Place of Business

Mailing Address

3250 RIVERSIDE PARK DR.  
P. O. BOX 3788  
VERO BEACH FL 32964

3250 RIVERSIDE PARK DR.  
P. O. BOX 3788  
VERO BEACH FL 32963-1877

3. Date Incorporated or Qualified  
10/26/1976

3a. Date of Last Report  
09/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1764305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMBLIN, BARBARA A  
3250 RIVERSIDE PARK DRIVE  
VERO BEACH FL 32963

81 Name

LOIS A. SLATTERY

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

3250 RIVERSIDE PARK DRIVE

83

84 City

VERO BEACH

FL

85 Zip Code

32963

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 Lois A. Slattery

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

Lois A. Slattery

(NOTE: Registered Agent signature required when reinstating)

2-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BOWMAN, ROBERT G.  
STREET ADDRESS 800 BEACH RD., APT. 169  
CITY-ST-ZIP VERO BCH. FL ☐ DELETE

1.1 TITLE PD  
1.2 NAME ROBERT G. BOWMAN  
1.3 STREET ADDRESS 320 COCONUT PALM RD  
1.4 CITY-ST-ZIP VERO BEACH, FL 32963 ☒ Change ☐ Addition

TITLE SD  
NAME KNAPP, MARY  
STREET ADDRESS 4831 S. NEWPORT DRIVE  
CITY-ST-ZIP VERO BEACH FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME DOWNEY, LINDA  
STREET ADDRESS 1325 LITTLE HARBOR LANE  
CITY-ST-ZIP VERO BEACH FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME RHODES, TOM  
STREET ADDRESS 1516 W CAMINO DEL RIO  
CITY-ST-ZIP VERO BCH. FL ☒ DELETE

4.1 TITLE VD  
4.2 NAME ROBERT BAUCHMAN  
4.3 STREET ADDRESS 3250 RIVERSIDE PARK DRIVE  
4.4 CITY-ST-ZIP VERO BEACH, FL 32964 ☒ Change ☒ Addition

TITLE TD  
NAME O'KEEFE, CHERYL  
STREET ADDRESS 515 RIVER DR  
CITY-ST-ZIP VERO BEACH FL ☒ DELETE

5.1 TITLE TD  
5.2 NAME ROBERT KINGSTON  
5.3 STREET ADDRESS 5830 GLEN EAGLE LANE  
5.4 CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Robert Kingston

CR2E037 (9/96)