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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32964

3. Date Incorporated or Qualified

10/26/1976

4. FEI Number

59-1764305

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

6. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLATTERY, LOIS A
3250 RIVERSIDE PARK DRIVE
VERO BEACH FL 32963

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	BOWMAN, ROBERT G.	
STREET ADDRESS	320 COCONUT PALM RD.	
CITY-ST-ZIP	VERO BCH. FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KNAPP, MARY	
STREET ADDRESS	4831 S. NEWPORT DRIVE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOWNEY, LINDA	
STREET ADDRESS	1325 LITTLE HARBOR LANE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAUCHMAN, ROBERT	
STREET ADDRESS	3250 RIVERSIDE PARK DR.	
CITY-ST-ZIP	VERO BCH. FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINGSTON, ROBERT	
STREET ADDRESS	5830 GLEN EAGLE LANE	
CITY-ST-ZIP	VERO BEACH FL	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOWNEY, LINDA	
1.3 STREET ADDRESS	1325 LITTLE HARBOR LANE	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMPSON, LISA	
2.3 STREET ADDRESS	P.O. BOX 3686 756 BEACHLAND BLVD	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32964	

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 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 C. Kingston

2-3-98

561-778-0348

CR2E037 (10/97)