FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 737150

1. Corporation Name

Ī	Principal Place of Business
	3250 RIVERSIDE PARK DR.
	P. O. BOX 3788
	VERO BEACH FL 32964

FILED Mar 03, 1999 8:00 am § Secretary of State 03-03-1999 90117 004 ****61.25

RIVERSI	DE THEATRE, INC.										
Principal Place 3250 RIVERSID P. O. BOX 378 VERO BEACH I	E PARK DR. B	Mailing Address 3250 RIVERSIDE PARK DR. P. O. BOX 3788 VERO BEACH FL 32964									
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			3. Date Incorporated or Qualifed 10/26/1976					
21		26 Suits Ask # ata	<u> </u>			4. FEI Number Applied For					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59	-1764305			<u> </u>	Applicable	
City & State		City & State			- 1 "			 _	\$8.75 A		
_ 1	,	28			5: Ce	rtifcate of Statu	s Desired	Ĺ	Fee Rec		
Zip	Country	Zip	Country		6. Fle	ction Campaign	Financin	9 5	\$5.00 f	May Be	
24	25	29 30	0			st Fund Contrit		9 🔲	Added to		
24	9. Name and Address of Current				10. Na	me and Addre	ss of New	Registered /	Agent		
			81	Name	Cusai	V	<u></u>				
SLATTERY	LOIS A		82	Street A	CHARLI	Box Number is	Not Acce				
	RSIDE PARK DRIVE		02	Sileet A	3250	RIVER			DRIVE	7	
	CH FL 32963		83								
TENO DE	ICTT E GEGGG		84	Oit.	,				85 Zip C	ode	
			1 1	City V	ERO B	EACH		FL	3 z	963	
office or n agent. I a SIGNATURE	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with and occept the obligati	ons of Section 612.0503, Florid	a Statutes	tne corpo	pration's board	of directors, i i	nereby acc	cept the appoir	HINGIN AS 169	istered	
	Signature types of printed frame of registered agent OFFICERS AND		13.	t signature re	quired when reinsta	ITIONS/CHAN	GES TO C	OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	SD OFFICERS AND	DELETE	1,1 TITLE						Change	Addition	
	THOMPSON, LISA		1.2 NAME								
NAME STREET ADDRESS	P O BOX 368-, 756 BEACH LAN	n RI Vn	1.3 STREET	ADDRESS					*	,	
	VERO BCH FL 32964	D OCTO	1.4 CITY-S1								
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	2.1 TITLE						Change	Addition	
NAME	DOWNEY, LINDA	_	2.2 NAME	1				1			
STREET ADDRESS	1325 LITTLE HARBOR LANE		2.3 STREET	ADDRESS							
CITY-ST-ZIP	VERO BEACH FL 32963		2. 4 CITY-S	- 1							
TITLE	VD	X DELETE	3.1 TITLE		VD		,	÷ ÷-	Change	Addition	
NAME	BAUCHMAN, ROBERT		3.2 NAME		E, CLIFFO	RE NOR	.R1S				
STREET ADDRESS	3250 RIVERSIDE PARK DR.		3.3 STREET	ADDRESS	4731 N	ORTH A1	A	•			
CITY-ST-ZIP	VERO BCH. FL		3.4. CITY-S	T-ZIP	VERO_	BEACH,	FL.	32963			
TITLE	TD	☐ DELETE	4,1 TITLE)			Change	Addition	
NAME	KINGSTON, ROBERT		4. 2 NAME								
STREET ADDRESS	5830 GLEN EAGLE LANE		4.3 STREET	ADDRESS							
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-S	r-ZIP		-		<u> </u>	·- <u>-</u>		
ΠΤLE		☐ DELETE	5.1 TITLE						Change	☐ Addition	
NAME			5.2 NAME				•			ĺ	
STREET ADDRESS			5.3 STREET	- 1						ļ	
CITY-ST-ZIP			5.4 CITY-S	r-zip						A January	
TITLE		☐ DELETE	6.1 TITLE					•	Change	Addition	
NAME			6.2 NAME	1			-				
STREET ADDRESS			6.3 STREET								
CITY-ST-ZIP			6.4 CITY-S	r-zi P							

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 chapter 6, and an attachment with an address, with all other like empowered.

SIGNATURE:

1-25-99