FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:45

DOCUMENT # **748022** **(1)**

1. Corporation Name

BURT REYNOLDS INSTITUTE FOR THEATRE TRAINING, IN C.

Principal Place of Business	Mailing Address
304 TEQUESTA DR TEQUESTA FL 33469	304 TEQUESTA DR TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1979
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1921476 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WRIGHT, COLIN
1000 AVE OF THE CHAMPIONS
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Colin Wright
82 Street Address (P.O. Box Number is Not Acceptable): Burt Reynolds Theatre
83: 304 Tequesta Drive
84 City: Tequesta **FL** 85 Zip Code: 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	PD ☒ Change ☐ Addition
NAME	BURKE, MARIE E	12 NAME	Halsey Smith
STREET ADDRESS	515 NORTH FLAGLER DRIVE, #1701	13 STREET ADDRESS	505 South Flagler Drive, Suite 1400
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	SD	21 TITLE	SD ☐ Change ☐ Addition
NAME	WRIGHT, COLIN	22 NAME	Colin Wright
STREET ADDRESS	1000 AVE OF THE CHAMPION	23 STREET ADDRESS	1000 Avenue of the Champions
CITY-ST-ZIP	PALM BCH GDNS FL	24 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	VD	31 TITLE	TD ☒ Change ☐ Addition
NAME	RINGBAKK, CHUCK	32 NAME	David Ivers
STREET ADDRESS	14410 CYPRESS ISLAND COURT	33 STREET ADDRESS	114 Quayside Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	34 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	VD	41 TITLE	VD ☐ Change ☐ Addition
NAME	JESSUP, BRENDA	42 NAME	Mary Montgomery
STREET ADDRESS	155 SOUTH OCEAN BLVD.	43 STREET ADDRESS	1800 South Ocean Blvd.
CITY-ST-ZIP	MANALAPAN FL 33462	44 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	P	51 TITLE	VD ☐ Change ☒ Addition
NAME	IVERS, DAVID	52 NAME	Earl Collings
STREET ADDRESS	114 QUAYSIDE DR	53 STREET ADDRESS	32 Tradewinds Circle
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	VD	61 TITLE	VD ☐ Change ☒ Addition
NAME	MONTGOMERY, MARY	62 NAME	Keith Waters
STREET ADDRESS	1800 S OCEAN BLVD	63 STREET ADDRESS	7108 Fairway Drive, Suite 235
CITY-ST-ZIP	PALM BCH FL	64 CITY-ST-ZIP	Palm Beach Gardens, FL 33418

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)(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: _____ Richard A. Valentine 3/31/95 407 746-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081523