

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 33400~~

~~304 TEQUESTA DR
TEQUESTA FL 33400~~

3. Date Incorporated or Qualified

07/10/1979

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 201 CLEMATIS STREET

26 201 CLEMATIS STREET

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

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

COLIN WRIGHT
BURT REYNOLDS THEATRE
304 TEQUESTA DRIVE
TEQUESTA FL 33418

81 Name

8000001942428
-09/09/96--01020--027

82 Street Address (P.O. Box Number is Not Allowed) 25 *****61.25

83 201 CLEMATIS STREET

84 City

West Palm Beach

FL

85 Zip Code

33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HALSEY SMITH
STREET ADDRESS 505 SOUTH FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL
☒ DELETE

1.1 TITLE DIRECTOR
1.2 NAME PAULA PETERSON
1.3 STREET ADDRESS 237 PENDELTON AVE.
1.4 CITY-ST-ZIP PALM BEACH, FL
☐ Change ☒ Addition

TITLE SD
NAME WRIGHT, COLIN
STREET ADDRESS 1000 AVE OF THE CHAMPION
CITY-ST-ZIP PALM BCH GDNS FL
☐ DELETE

2.1 TITLE EXECUTIVE DIRECTOR
2.2 NAME RICHARD VALENTINE
2.3 STREET ADDRESS 114 PINE HILL TRAIL
2.4 CITY-ST-ZIP TEQUESTA, FL
☐ Change ☒ Addition

TITLE TD
NAME DAVID IVERS
STREET ADDRESS 114 QUAYSIDE DR
CITY-ST-ZIP JUPITER FL
☐ DELETE

3.1 TITLE PRESIDENT/TREASURER
3.2 NAME DAVID IVERS
3.3 STREET ADDRESS 114 QUAYSIDE DR.
3.4 CITY-ST-ZIP JUPITER FL
☒ Change ☐ Addition

TITLE VD
NAME JESSUP, BRENDA
STREET ADDRESS 155 SOUTH OCEAN BLVD.
CITY-ST-ZIP MANALAPAN FL 33462
☒ DELETE

4.1 TITLE DIRECTOR
4.2 NAME ROBERT QUILLO
4.3 STREET ADDRESS 1296 NORTHLAKE WAY
4.4 CITY-ST-ZIP PALM BEACH, FL
☐ Change ☒ Addition

TITLE VD
NAME MARY MONTGOMERY
STREET ADDRESS 1800 S OCEAN BLVD
CITY-ST-ZIP PALM BCH FL
☐ DELETE

5.1 TITLE DIRECTOR
5.2 NAME DAN YOUNG
5.3 STREET ADDRESS 1550 S OCEAN BLVD
5.4 CITY-ST-ZIP MANALAPAN, FL
☐ Change ☒ Addition

TITLE VD
NAME KEITH WINTERS
STREET ADDRESS 7108 FAIRWAY DR SUITE 235
CITY-ST-ZIP PALM BEACH FL
☒ DELETE

6.1 TITLE DIRECTOR
6.2 NAME HARVEY GLASS
6.3 STREET ADDRESS 3400 PADDOCK ROAD
6.4 CITY-ST-ZIP FT. LAUDERDALE, FL
☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD VALENTINE

8/5/96

561-833-8669

Date

Daytime Phone #