SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUL 25 AM 8:08

DOCUMENT # **759426** **(0)**

1. Corporation Name

THE RIVERSIDE THEATRE ENDOWMENT FUND, INC. IN ME MORY OF C. CARROLL OTTO

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2119884 ☐ 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 ☒ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE BEACH BANK OF VERO BEACH
755 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

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 _____ 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	VD	11 TITLE	☒ Change ☐ Addition VD
NAME	HAZEL, ERNEST	12 NAME	LYNN HALL
STREET ADDRESS	95 CACHE CAY DR.	13 STREET ADDRESS	645 BEACHLAND BLVD. #7
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	PD	21 TITLE	☒ Change ☐ Addition PD
NAME	BOWMAN, ROBERT G	22 NAME	ROBERT C. BRAND
STREET ADDRESS	800 BEACH RD APT 169	23 STREET ADDRESS	405 LIVE OAK RD.
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	SD	31 TITLE	☒ Change ☐ Addition SD
NAME	KNISELY, MRS MARY H.	32 NAME	JACELYN BLOCK
STREET ADDRESS	36 CACHE CAY DR	33 STREET ADDRESS	9925 4TH STREET
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	TD	41 TITLE	☒ Change ☐ Addition TD
NAME	BRAND, ROBERT C.	42 NAME	MICHAEL WARD
STREET ADDRESS	405 LIVE OAK RD.	43 STREET ADDRESS	3055 CARDINAL DR.
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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: Robert C. Brand ROBERT C. BRAND 7/19/95 407-231-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005553