

F21000003849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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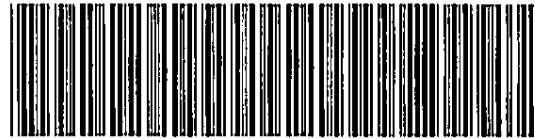
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

14
7/9/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The American Theatre Guild, Inc

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Brett Coonrod

Name of Person

Coonrod Law, LLC

Firm/Company

11216 Holly St

Address

Kansas City, MO 64114

City/State and Zip Code

brett@coonrodlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett Coonrod

Name of Person

at (816) 912-0012

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. The American Theatre Guild, Inc

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

(State or country under the law of which it is incorporated)

3. 47-15552222

(FEI number, if applicable)

4. June 6, 2014

(Date of Incorporation)

5. N/A

(Date of duration, if other than perpetual)

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 9001 State Line Rd, Suite 110, Kansas City, MO 64114

(Principal office street address)

N/A

(Current mailing address, if different)

8. The purpose of the corporation is to provide theatrical performances for the benefit of the community and to promote the arts and culture in the state of Florida.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th St N, STE 300

St. Petersburg

(City)

, Florida 33702

(Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Amy Hamm
☐ Vice Chairman Address: 11643 W 1147th St
☐ Director Olathe, KS 66062
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Marcie Ellis
☐ Vice Chairman Address: 14608 Lucille St.
☒ Director Olathe, KS 66062
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Michael Cargnell
☐ Vice Chairman Address: 5225 W 87th St
☒ Director Prairie Village, KS 66207
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Brett Coonrod
☐ Vice Chairman Address: 11216 Holly St
☒ Director Kansas City, MO 64114
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jonathan Akridge
☐ Vice Chairman Address: 12216 Aberdeen Rd
☒ Director Leawood, KS 66209
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert Hamm
☐ Vice Chairman Address: 11642 W 147th St
☒ Director Olathe, KS 66062
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Brett C. Coonrod
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brett C. Coonrod, Vice President
(Typed or printed name and capacity of person signing application)

12.A. Directors (cont)

Katie Banks-Todd, 729 Plover Rd., El Dorado, KS 67042
Director

Tara Schreiner, 15701 Ballentine St., Overland Park, KS 66221
Director

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

The American Theatre Guild
N01409795

A Missouri entity was created under the laws of this State on 6/16/2014, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 24th day of June, 2021.


Secretary of State

Certification Number: CERT-IN90996

