

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

DOCUMENT # **N01544** (8)
1. Corporation Name
TEEN MUSICAL THEATRE, INC.

Principal Place of Business Mailing Address
11984 SUELLEN CIRCLE WEST PALM BEACH FL 33414 **11984 SUELLEN CIRCLE WEST PALM BEACH FL 33414**

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

9. Name and Address of Current Registered Agent
**BORCHERS, DR. KAREN L.
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2414743** 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. 195f.032, Florida Statutes Yes No

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 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | DP |
| NAME | BORCHERS, DR. KAREN L. |
| STREET ADDRESS | 11984 SUELLEN CIRCLE |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | DS |
| NAME | CAHOON, REV. PAMELA |
| STREET ADDRESS | 272 CAMELLIA STREET |
| CITY - ST - ZIP | PALM BEACH GDNS FL |
| TITLE | DVT |
| NAME | JONES, DR JACK W |
| STREET ADDRESS | 125 HARVARD |
| CITY - ST - ZIP | LAKE WORTH FL |
| TITLE | D |
| NAME | MCMILLIN, BARBARA |
| STREET ADDRESS | 12016 BASIN ST |
| CITY - ST - ZIP | WELLINGTON FL |
| TITLE | D |
| NAME | BRYAN, MRS, VIVIAN |
| STREET ADDRESS | 577 E WOODS RD |
| CITY - ST - ZIP | PALM BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

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 110.07(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: Karen L. Borchers 4/25/93 (407) 844-4785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

APPROVED AND FILED
59 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA