

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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      11984 SUELLEN CIRCLE**  
**WEST PALM BEACH FL 33414      WEST PALM BEACH FL 33414-6274**



3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/21/1984      06/20/1996**

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	Country
24	Country	29	Zip
25		30	Country

4. FEI Number	Applied For
<b>59-2414743</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BORCHERS, DR. KAREN L.</b> <b>11984 SUELLEN CIRCLE</b> <b>WEST PALM BEACH FL 33414</b>				61	Name		
				62	Street Address (P.O. Box Number is Not Acceptable)		
				63			
				64	City	<b>FL</b>	65

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORCHERS, DR. KAREN L.</b>	1.2 NAME	
STREET ADDRESS	<b>11984 SUELLEN CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAHOON, REV. PAMELA</b>	2.2 NAME	
STREET ADDRESS	<b>272 CAMELLIA STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GDNS FL</b>	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, DR JACK W</b>	3.2 NAME	
STREET ADDRESS	<b>125 HARVARD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC MILLIN, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>12016 BASIN ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYAN, MRS, VIVIAN</b>	5.2 NAME	
STREET ADDRESS	<b>577 E WOODS RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **SIGNATURE REQUIRED**      4/29/97      561-832-4053

CR2E037 (9/96)