2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) 🐟

SIGNATURE AND TYPED OR PRINTED NAME OF SI

Sep 22, 2004 8:00 am Secretary of State DOCUMENT # N03000005061 09-22-2004 90001 038 ****70 00 1. Entity Name THEATRE CAMP OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 54073363 2800 LAKE AVENUE WEST-PALM BEACH FL 33405 2800 LAKE AVENUE WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State Applied For City & State Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STILLER SHARON Street Address (P.O. Box Number is Not Acceptable) 4205 SW 72ND DRIVE PALM CITY FL 34990 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due By September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS S TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change STILLER, SHARON MAME NAME 4205 SW 72ND DRIVE STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-782 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIMS, DENNIS NAME NAME STREET ADDRESS 13604 NORTHUMBERLAND CIRCLE STREET ADDRESS WELLINGTON FL 33414 CITY-\$1-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Detete NALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE MAKE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 18, 2004

THEATRE CAMP OF THE PALM BEACHES, INC. 2800 LAKE AVENUE WEST PALM BEACH, FL 33405

Subject: THEATRE CAMP OF THE PALM BEACHES, INC.

Reference Number:

N03000005061

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION