

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10108** (1)

1. Corporation Name

**THE WORLD ACADEMY OF ENTERTAINMENT, INC.**



Principal Place of Business

Mailing Address

RR2 BOX 2238J  
WILLISTON FL 32696

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WILLISTON FL 32696

3. Date Incorporated or Qualified  
**07/09/1985**

3a. Date of Last Report  
**08/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3950 N.E. 127 ct.**

26 **3950 N.E. 127 ct.**

4. FEI Number

**59-2586098**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23 **WILLISTON, FL.**

28 **WILLISTON, FL.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24 **32696**

25 **LEVY**

29 **32696**

30 **LEVY**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETRUCZ, GEORGE M  
RR2 BOX 2238J  
WILLISTON FL 32696

81 Name  
**PETRUCZ, GEORGE M.**

82 Street Address (P.O. Box Number is Not Acceptable)

**3950 N.E. 127 ct.**

83

84 City

**WILLISTON**

**FL**

85 Zip Code

**32696**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **PETRUCZ, GEORGE M.**  
STREET ADDRESS **RR2 BOX 2238J**  
CITY-ST-ZIP **WILLISTON FL**

TITLE **STD** ☐ DELETE  
NAME **GAINES, YOLANDA**  
STREET ADDRESS **RR2 BOX 2238J**  
CITY-ST-ZIP **WILLISTON FL**

TITLE **VD** ☐ DELETE  
NAME **ANDERSON, KATHLEEN**  
STREET ADDRESS **5538 FRANCES AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE  
NAME **DOUGLAS, DAVID**  
STREET ADDRESS **1115 MUDBROOK RD**  
CITY-ST-ZIP **HURON OH**

TITLE **D** ☒ DELETE  
NAME **PRIDEMORE, DAVID**  
STREET ADDRESS **11124 GLENIS**  
CITY-ST-ZIP **STERLING HIEGHTS MI**

TITLE **D** ☐ DELETE  
NAME **BONDAR, ALLEN**  
STREET ADDRESS **80855 COON CREEK RD.**  
CITY-ST-ZIP **ARMADA MI**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **GRACIE DARNELL-BANDOIAN**  
1.3 STREET ADDRESS **29728 BUCKINGHAM**  
1.4 CITY-ST-ZIP **LIVONIA, MI** ☐ Change ☒ Addition

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **JOHN FETT**  
2.3 STREET ADDRESS **605 S. MINERVA**  
2.4 CITY-ST-ZIP **ROYAL OAK, MI 48075** ☐ Change ☐ Addition

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **NICK FAKARIS**  
3.3 STREET ADDRESS **3024 STARR**  
3.4 CITY-ST-ZIP **ROYAL OAK, MI 48073** ☐ Change ☒ Addition

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **DENNY JORDAN**  
4.3 STREET ADDRESS **7689 STAHELIN**  
4.4 CITY-ST-ZIP **DETROIT, MI 48228** ☐ Change ☒ Addition

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **JOHN LEONE**  
5.3 STREET ADDRESS **6793 PIEDMONT**  
5.4 CITY-ST-ZIP **DETROIT, MI 48228** ☐ Change ☒ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)