2-16-95 B-1998-XC

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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # N10407 (7)

1. Corporation Name
KINGS POINT WEST THEATRE CLUB, INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573	1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1985
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2592781 ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MURRAY, MARIAN
2220 GREENHAVEN DR.
SUN CITY CENTER FL 33573

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: Marian Murray — Jan. 25, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing/fax) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, JONAS	1.2 NAME	
STREET ADDRESS	2232 GRENADIER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, SYDNA	2.2 NAME	
STREET ADDRESS	2027 HARTLEBURY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, CAROL	3.2 NAME	
STREET ADDRESS	2028 HAWHURST CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHESON, CHARLOTTE	4.2 NAME	
STREET ADDRESS	414 GLOUCESTER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	MALCALUSO, TERESA	5.2 NAME	
STREET ADDRESS	1907 CENTERBURY LN. VILLA #F8	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, MARIAN	6.2 NAME	
STREET ADDRESS	2220 GREENHAVEN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 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 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: Jonas Freeman JONAS FREEMAN PRESIDENT/DIRECTOR 1/24/95 (813)634-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013647