

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 # 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**

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SUN CITY CENTER FL 33573**

3. Date Incorporated or Qualified

07/24/1985

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 *Marian Murray*

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 13, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **FREEMAN, JONAS**
STREET ADDRESS **2232 GRENADIER DR.**
CITY-ST-ZIP **SUN CITY CENTER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HILL, SYDNA**
STREET ADDRESS **2027 HARTLEBURY WAY**
CITY-ST-ZIP **SUN CITY CENTER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **CHAPMAN, CAROL**
STREET ADDRESS **2028 HAWHURST CIR**
CITY-ST-ZIP **SUN CITY CENTER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HUTCHESON, CHARLOTTE**
STREET ADDRESS **414 GLOUCESTER BLVD.**
CITY-ST-ZIP **SUN CITY CENTER FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Marion Freeman**
4.4 CITY-ST-ZIP **2232 Grenadier Dr.**

TITLE **VPD** ☐ DELETE
NAME **MALCALUSO, TERESA**
STREET ADDRESS **1907 CENTERBURY LN. VILLA #F8**
CITY-ST-ZIP **SUN CITY CENTER FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MURRAY, MARIAN**
STREET ADDRESS **2220 GREENHAVEN DR.**
CITY-ST-ZIP **SUN CITY CENTER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Jonas Freeman **JONAS FREEMAN PRESIDENT/DIRECTOR 2/13/96 (813) 34-7701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)