

# 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 # N30169 (9)**

1. Corporation Name

**QUEST THEATRE & INSTITUTE, INC.**



Principal Place of Business

**444 24TH STREET  
W PALM BEACH FL 33407**

Mailing Address

**444 24TH STREET  
W PALM BEACH FL 33407**

3. Date Incorporated or Qualified  
**01/12/1989**

3a. Date of Last Report  
**06/16/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

4. FEI Number

**65-0095488**

Applied For

Not Applicable

**22**  
City & State

**27**  
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

**23**

Zip

Country

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALDRON, BHETTY J.  
1432 6TH ST  
W PALM BEACH FL 33401**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BRANCH, LYNN**  
STREET ADDRESS **417 25TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DC** ☐ DELETE  
NAME **FALANA, CHARLES A.**  
STREET ADDRESS **3100 AVE J #11**  
CITY-ST-ZIP **RIVERA BEACH FL**

TITLE **VD** ☐ DELETE  
NAME **NEALY, JOHN**  
STREET ADDRESS **1560 6TH STREET**  
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **VD** ☒ DELETE  
NAME **BREMAN, ARNOLD**  
STREET ADDRESS **160 ELWA PLACE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** ☒ DELETE  
NAME **DEPREZ, CLAUDIA**  
STREET ADDRESS **3211 LIDDY AVENUE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** ☐ DELETE  
NAME **FALANA, YEVOLA**  
STREET ADDRESS **3100 AVENUE J, #11**  
CITY-ST-ZIP **RIVERA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)