

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N32304 (0)
1. Corporation Name
FLORIDA THEATRICAL ASSOCIATION, INC.



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| Principal Place of Business %ROI E. BAUGHER, ESO. 201 S/ ORANGE AVE.. SUITE 101 ORLANDO FL 32801 | Mailing Address %ROI E. BAUGHER, ESO. 201 S/ ORANGE AVE.. SUITE 101 ORLANDO FL 32801 |
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|--|--|
| 3. Date Incorporated or Qualified 05/15/1989 | |
| 4. FEI Number 31-1275462 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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9. Name and Address of Current Registered Agent
**VOCK, KAREN E.
201 S. ORANGE AVE.
STE. 101
ORLANDO FL 32801**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUDZINSKI, JULIA | 1.2 NAME | |
| STREET ADDRESS | 707 NE 8 STR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMER, MARY D | 2.2 NAME | |
| STREET ADDRESS | 1900 E ADAMS DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALAR, JOHN | 3.2 NAME | |
| STREET ADDRESS | 1258 SE BREWSTER PLACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVITT, RHODA | 4.2 NAME | |
| STREET ADDRESS | 3519 BAYSHORE VILLAS DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE FL | 4.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WACHS, JAMES S. | 5.2 NAME | |
| STREET ADDRESS | 201 E. FIFTH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMS, BRYANT | 6.2 NAME | |
| STREET ADDRESS | 7301 SO DIXIE HWY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 6.4 CITY-ST-ZIP | |

14. 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 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: *Karen E. Vock* Executive Director 4/25/98 (407)8414675

CR2E037 (10/97)