

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000612 (3)

1. Corporation Name

WESTSIDE THEATRE ALLIANCE, INC.



Principal Place of Business

Mailing Address

2801 TRADEWINDS TRAIL
ORLANDO FL 32805

2801 TRADEWINDS TRAIL
ORLANDO FL 32805-5802

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
59-3183658

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

TRIMBLE, MELISSA
57 W. PINE STREET
SUITE 300
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: *Melissa Trimble, Esq.*

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	ED	<input type="checkbox"/> DELETE
NAME	MILLSAP, VICTOR L	
STREET ADDRESS	2801 TRADEWINDS TRAIL	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTSON, LORENZO	
STREET ADDRESS	3907 GOLDEN BEAR COURT #727	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRICE, CANARA	
STREET ADDRESS	7906 POWDERHORN LANE	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHIVERS, MARY	
STREET ADDRESS	107 CLAYMORE STREET	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	O	<input type="checkbox"/> DELETE
NAME	MUNDY, CAROL	
STREET ADDRESS	1829 MULBERRYWOOD COURT	
CITY - ST - ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYNE-JONES, ODELL	
STREET ADDRESS	4403 IVEY COURT	
CITY - ST - ZIP	ORLANDO FL 32818	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robertson, Lorenzo	
1.3 STREET ADDRESS	3907 Golden Bear Ct #727	
1.4 CITY - ST - ZIP	Orlando, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Oliver, Phi Yoka	
2.3 STREET ADDRESS	2801 W. Livingston St.	
2.4 CITY - ST - ZIP	Orlando, FL 32805	
3.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Millsap, Victor L.	
3.3 STREET ADDRESS	2801 Tradewinds Tr.	
3.4 CITY - ST - ZIP	Orlando, FL 32805-5802	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Laurs, Rose	
4.3 STREET ADDRESS	5821 Laconia Rd.	
4.4 CITY - ST - ZIP	Orlando, FL 32818	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jenkins, Ron	
5.3 STREET ADDRESS	2601 Tradewinds Tr.	
5.4 CITY - ST - ZIP	Orlando, FL 32805	
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chivers, Mary	
6.3 STREET ADDRESS	107 Claymore St	
6.4 CITY - ST - ZIP	Deltona, FL 32725	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 422-8081
Date Daytime Phone # 0010052

CR2E037 (9/96)