

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 # N93000000358 (2)

1. Corporation Name

ROYAL PALM PERFORMING ARTS THEATRE, INC.



Principal Place of Business

11818 SUNSET BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address

11818 SUNSET BLVD.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/27/1993

3a. Date of Last Report

01/20/1995

4. FEI Number

65-0384634

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

10. Name and Address of New Registered Agent

MCCARTHY, KATHLEEN Z
7635 PALM ROAD
WEST PALM BEACH FL 33406

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 of person making this report (if applicable)

Signature of person making this report (if applicable)

DATE

12

OFFICERS AND DIRECTORS

☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE

PD
PAGLIARO, PETER
11818 SUNSET BLVD.
ROYAL PALM BEACH FL
TD

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Director
Candice Coppolella
12231 59th Street North
Royal Palm Bch. FL 33411

Director
Liz Lamorte
5461 Huddle Hill Rd.
Lake Worth, FL 33463

Director
Donna Eldredge
17076 Orange Grove Blvd.
Loxahatchee, FL 33470

Director
Robert Jones
3530 Harwich Court
Greenacres, FL 33467

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: Peter Pagliaro - Peter Pagliaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

407-753-4400