

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 # N93000002960

1. Corporation Name

North Broward Youth Theater, Inc.

Principal Place of Business

6574 N. State Road 7  
Suite # 248  
Coconut Creek, Florida  
33073

Mailing Address

6574 N State Road 7  
Suite # 248  
Coconut Creek, Florida  
33073

3. Date Incorporated or Qualified  
June 29, 1993

3a. Date of Last Report  
June, 1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

65-0421871

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

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 ☒ President ☐ DELETE  
NAME Michael H. Goodwyn  
STREET ADDRESS 5380 NW 55th Blvd. Apt. # 10-207  
CITY-ST-ZIP Coconut Creek, Florida 33073

TITLE ☒ Vice-President ☐ DELETE  
NAME Sheri M. Goodwyn  
STREET ADDRESS 5380 NW 55th Blvd. Apt. # 10-207  
CITY-ST-ZIP Coconut Creek, Florida 33073

TITLE ☒ Director ☐ DELETE  
NAME Phelmon D. Saunders  
STREET ADDRESS 4140 Moore St.  
CITY-ST-ZIP Inkster, Michigan 48141

TITLE ☒ Director ☐ DELETE  
NAME Rev. P. David Saunders  
STREET ADDRESS 16718 Merrill  
CITY-ST-ZIP South Holland, Illinois 60473

TITLE ☒ Director ☐ DELETE  
NAME Lawrence E. Johnson  
STREET ADDRESS P.O. Box 1837  
CITY-ST-ZIP Goldenrod, Florida 32733

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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: Sheri M. Goodwyn, Vice-President

April 25, 1996 481-2547(954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)