FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

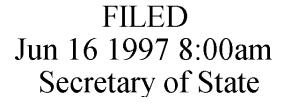
Secretary of State **DIVISION OF CORPORATIONS**

N93000002900 (9) DOCUMENT #

NORTH BROWARD YOUTH THEATER, INCORPORATED

Principal Place of Business

Mailing Address





6574 NORTH STATE ROAD 7 SUITE 248 COCONUT CREEK FL 33073				6574 NORTH STATE ROAD 7 SUITE 248 COCONUT CREEK FL 33073-3625							3	3. Ďa	ate Incorpora 06/29/1		Qualifi	ed	3a . De	ite of L		
2. Principal P	2a. Mailing Address							4	I. FE	I Number					10,7		plied For			
21					26								65-0421	18/1						t Applicable
Sulte, Apt.	Suite, Apt. #, etc.								. Ce	ertificate of S	Status D)esired	1				Additional			
22 City & Stale					City & State															quired
23 City & Stat	2 State				City & State								ection Camp ust Fund Co	~						May Be
Zip						Countr	Country								-			o Fees		
24		intry	29	29 30						8. This corporation has liability for intangible tax under Florida Statutes						der s.	199.032			
				10		me and Ad		of New	_=											
			•					81	īŢ	Name										
GOODWYN, SHERI M									+	Stroot	Addrose ((P ()	Roy Numbe	r in No	1 4000	ntable	١			
5380 NV					82		Street /	eet Address (P.O. Box Number is Not Acceptable)												
APT. # 10-207								83	3											
COCONUT CREEK FL 33073								84	╁	City								ae l	Zip (ods.
									ı	•							FL	85	•	
11. Pursuant office or ragent. I a	to the provisi registered ag ım familiar wi	ions of S ent, or b th, and a	ections 617.0502 oth, in the State a accept the obliga	2 and 6 of Flori- itions o	17.1508 da. Suc f. Sectio	B, Flori h char on 617	da Statutes nge was au .0503. Flori	, the above thorized be da Statute	/0- ly 85.	-named the corp	corporation's	on su boar	ubmits this s d of directo	stateme rs. I he	nt for ti reby ac	he pur ccept 1	pose of the appo	chang ointme	jing It: nt as	registered registered
SIGNATURE			.,																	
	Signature, typed	or printed r	ame of registered agen			ble.	(NOTE:	Registered Ag	jen	l signature	required whe	en reins	stating)				DATE			
12.	···		OFFICERS AND	DIREC	CTORS	П.		13.				ADD	DITIONS/CH	ANGES	тоо	FFICE	R\$ AND			S IN 12
TITLE	P						ELETE	1.1 TOTLE										L Ch	ange	Addition
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NAME			ELMON D					3.2 NAME		İ										
STREET ADDRESS	16718 M							3.3 STREE	TΑ	ADDRESS						-	*			
CITY-ST-ZIP		HOLLAI	ND IL 60473					3.4. CITY-	ST	- ZIP										
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CITY-ST-ZIP	GOLDEN	KUD F	L 32733		* * *	100		5.4 CITY-5	ST.	- ZIP										
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14. I do 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 Blog. 13 If changed, or on an attachment with an address.