## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

N93000002900 (9)

## NORTH BROWARD YOUTH THEATER, INCORPORATED

Principal Place of Business Mailing Address 6574 NORTH STATE ROAD 7 6574 NORTH STATE ROAD 7 3. Date Incorporated or Qualified SUITE 248 SUITE 248 06/29/1993 **COCONUT CREEK FL 33073** COCONUT CREEK FL 33073 4. FEI Number Applied For 65-0421871 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Added to Fees 22 Trust Fund Contribution 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOODWYN, SHERI M 82 Street Address (P.O. Box Number is Not Acceptable) 5380 NW 55TH BLVD. 83 APT. # 10-207 **COCONUT CREEK FL 33073** Zip Code 84 11. Pursuant to the provisions of Soctions 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's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS DELETE Change XX Addition TITLE 1.1 TITLE NAME GOODWYN, MICHAEL H 1.2 NAME Miller, Jinda 4751 N.W. 3rd CT. 5380 NW 55TH BLVD., APT. #10-207 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** Deerfield Beach, Florida 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change X XAddition 2.1 TITLE TITLE **GOODWYN, SHERI M** 22 NAME Puhart, Vlympia 5380 N.W. 55th Blvd. Apt. # 10-203 NAME 5380 NW 55TH BLVD., APT. #10-207 STREET ADDRESS 2.3 STREET ADDRESS Coconut Creek, Florida 33073 **COCONUT CREEK FL 33073** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE **Change** L\_ Addition TITLE 3.1 TITLE SAUNDERS, PHELMON D NAME 3.2 NAME Goodwyn, Michael H STREET ADDRESS 16718 MERRILL 3.3 STREET ADDRESS 5380 N.W. 55th Blvd., Apt.# 207 Coconut Creek, Florida 33073 **SOUTH HOLLAND IL 60473** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE \_\_\_ Addition TITLE VP/S/T/D SAUNDERS, DAVID P REV. NAME 4. 2 NAME Goodwyn, Sheri M. 4140 MOORE ST. 4.3 STREET ADDRESS STREET ADDRESS 5380 N.W. 55th Blvd., Apt. # 207 INKSTER MI 48141 4.4 CITY-ST-ZIP Coconut Creek, Florida 33073 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE J**O**HNSON, LAWRENCE E 5.2 NAME NAME STREET ADDRESS P O BOX 1837 N/A 5.3 STREET ADDRESS **GÖLDENROD FL 32733** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP

14. Thereby 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 cytaphod, or on an attachment withyin address?

SIGNATURE:

Shori M. Goodwyn 4/28/98 (954) 426-9632

FILED

May 26 1998 8:00am

Secretary of State