

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 050 ****61.25

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1. Corporation Name

NORTH BROWARD YOUTH THEATER, INCORPORATED

Principal Place of Business

6574 NORTH STATE ROAD 7
SUITE 248
COCONUT CREEK FL 33073

Mailing Address

6574 NORTH STATE ROAD 7
SUITE 248
COCONUT CREEK FL 33073



2. Principal Place of Business

21 P.O. Box 970373

Suite, Apt. #, etc.

22

City & State

23 Coconut Creek, Florida

Zip

24 33097

25 Broward

2a. Mailing Address

26 P.O. Box 970373

Suite, Apt. #, etc.

27

City & State

28 Coconut Creek, Florida

Zip

29 33097

30 Broward

3. Date Incorporated or Qualified

06/29/1993

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

9. Name and Address of Current Registered Agent

GOODWYN, SHERI M
5380 NW 55TH BLVD.
APT. # 10-207
COCONUT CREEK FL 33073

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 P ☐ DELETE

NAME GOODWYN, MICHAEL H
STREET ADDRESS 5380 NW 55TH BLVD., APT. #10-207
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VP ☐ DELETE

NAME GOODWYN, SHERI M
STREET ADDRESS 5380 NW 55TH BLVD., APT. #10-207
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☐ DELETE

NAME SAUNDERS, PHELMON D
STREET ADDRESS 16718 MERRILL
CITY-ST-ZIP SOUTH HOLLAND IL 60473

TITLE D ☐ DELETE

NAME SAUNDERS, DAVID P REV.
STREET ADDRESS 4140 MOORE ST.
CITY-ST-ZIP INKSTER MI 48141

TITLE D ☐ DELETE

NAME MILLR, LINDA
STREET ADDRESS 4751 NW 3RD CT
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE

NAME DUHART, OLYMPIA
STREET ADDRESS 5380 NW 55TH BLVD, APT 207
CITY-ST-ZIP COCONUT CREEK FL 33073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addit

1.2 NAME Goodwyn, Michael H.
1.3 STREET ADDRESS 5380 N.W. 55th Blvd. # 207
1.4 CITY-ST-ZIP Coconut Creek, Florida 33073

2.1 TITLE VP/S/T/D ☒ Change ☐ Addit

2.2 NAME Goodwyn, Sheri M.
2.3 STREET ADDRESS 5380 N.W. 55th Blvd. # 207
2.4 CITY-ST-ZIP Coconut Creek, Florida 33073

3.1 TITLE D ☒ Change ☐ Addit

3.2 NAME Saunders, Phelmon D.
3.3 STREET ADDRESS 4140 Moore Street
3.4 CITY-ST-ZIP Inkster, Michigan 48141

4.1 TITLE D ☒ Change ☐ Addit

4.2 NAME Saunders, David P. Rev.
4.3 STREET ADDRESS 3335 Foss Drive
4.4 CITY-ST-ZIP Saginaw, Michigan 48603

5.1 TITLE D ☒ Change ☐ Addit

5.2 NAME Miller, Linda
5.3 STREET ADDRESS 4751 N.W. 3rd Court
5.4 CITY-ST-ZIP Deerfield Beach, Florida 33442

6.1 TITLE D ☒ Change ☐ Addit

6.2 NAME Duhart, Olympia
6.3 STREET ADDRESS 5280 N.W. 55th Blvd. # 203
6.4 CITY-ST-ZIP Coconut Creek, Florida 33073

14. I 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1999 (954) 426-96