FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003348 (0)**

1. Corporation Name

THE CHILDREN'S THEATRE GUILD, INC.

Principal Place of Business	Mailing Address
2600 FIORE WAY #201 DELRAY BEACH FL 33445 US	2600 FIORE WAY #201 DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1993	3a. Date of Last Report: 05/31/1994
4. FEI Number: 65-0430833	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WENDER, CHARLES 180 W. PALMETTO PARK RD. BOCA RATON FL 33432	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles Wender 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TPT	11 TITLE	D	☐ Change ☑ Addition
NAME	RICHARDS, MARGIE	12 NAME	Rachel Raybin	
STREET ADDRESS	2600 FIORE WAY, #201	13 STREET ADDRESS	17892 Hampshire Ln	
CITY-ST-ZIP	DELRAY BEACH FL 33445	14 CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	TV	21 TITLE	D	☐ Change ☑ Addition
NAME	WENDER, CHARLES	22 NAME	Sue Giovinazzo	
STREET ADDRESS	180 W. PALMETTO PARK RD.	23 STREET ADDRESS	17611 Lake Park Rd.	
CITY-ST-ZIP	BOCA RATON FL 33432	24 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	TS	31 TITLE	D	☐ Change ☑ Addition
NAME	NOVOTAK, WENDY	32 NAME	Virginia Wasser	
STREET ADDRESS	P.O. BOX 56 (N/A)	33 STREET ADDRESS	6190 NW 4th Ave	
CITY-ST-ZIP	BOCA RATON FL 33429	34 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	URBANEK, MELBA	42 NAME		
STREET ADDRESS	1314 N. OCEAN BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL 33483	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	MARGOLIES, ANANDA	52 NAME		
STREET ADDRESS	6356 N.W. 26TH TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

Remove

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)(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.

SIGNATURE: Margie A Richards pres. 5/30/95 (407) 272-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Margie F. Richards

0012813