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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

07/23/1993

4. FEI Number

65-0430833

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDER, CHARLES
190 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 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.

CHARLES WENDER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDS ☐ DELETE
NAME RICHARDS, MARGIE F.
STREET ADDRESS 2600 FIORE WAY SUITE 201
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VD ☐ DELETE
NAME WENDIER, CHARLES
STREET ADDRESS 190 W. PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33483

TITLE D ☒ DELETE
NAME WASSER, VIRGINIA
STREET ADDRESS 6190 NW 4TH AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME SMITH, MARTHA
STREET ADDRESS 3998 NW 23RD TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME ZEVEON, RENEE
STREET ADDRESS 8545 JARED WAY
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME NOELL, DEBBIE
STREET ADDRESS 2921 BLUE JAY TERR
CITY-ST-ZIP DELRAY BCH FL 33444

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Richards, Larry
1.3 STREET ADDRESS 2600 FIORE WAY #201
1.4 CITY-ST-ZIP Delray Bch., FL 33445

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Gordon, Vinnie
2.3 STREET ADDRESS 8375 Twin Lake Dr.
2.4 CITY-ST-ZIP Boca Raton, FL 33496

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Powell, Ernest
3.3 STREET ADDRESS 17656 Foxwood Way
3.4 CITY-ST-ZIP Boca Raton, FL 33487

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Bright, Lisa
4.3 STREET ADDRESS 1355 W. Palmetto Pl. Rd. #202
4.4 CITY-ST-ZIP Boca Raton, FL 33486

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/12/98

(561)272-2008

CR2E037 (10/97)