

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90007 041 ****61.25

DOCUMENT # N93000003348

1. Corporation Name

THE CHILDREN'S THEATRE GUILD, INC.

Principal Place of Business

2600 FIORE WAY
#201
DELRAY BEACH FL 33445
US

Mailing Address

2600 FIORE WAY
#201
DELRAY BEACH FL 33445
US



2. Principal Place of Business

21 1226 Palama Way
Suite, Apt. #, etc.

2a. Mailing Address

26 1226 Palama Way
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/23/1993

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

City & State

23 Lantana, FL

City & State

28 Lantana, FL

Zip

24 33462

Country

25 USA

Zip

29 33462

Country

30 USA

9. Name and Address of Current Registered Agent

WENDER, CHARLES
190 W. PALMETTO PARK RD.
BOCA RATON FL 33432

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)

4/8/99

12. OFFICERS AND DIRECTORS

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 RICHARDS, LARRY
STREET ADDRESS 2600 FIORE WAY #201
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☒ DELETE

NAME GORDON, VINNIE
STREET ADDRESS 8375 TWIN LAKE DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☐ DELETE

NAME ROWELL, ERNEST
STREET ADDRESS 17656 FOXWOOD WAY
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

Noell, Debbie
2410 Rabbit Hollow Cir.
Delray Beach, FL 33444

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: MARGIE F. RICHARDS 4/8/99 (661) 588-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)