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Jun 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006079 (7)**

1. Corporation Name

P J CHILDREN'S THEATRE, INC.

Principal Place of Business

**3016 EDEN MILLS DRIVE
SARASOTA FL 34237**

Mailing Address

**3016 EDEN MILLS DRIVE
SARASOTA FL 34237-3717**



3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

21 1834 SANFORD CIR.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

Zip

24 34234

Country

25 USA

2a. Mailing Address

26 1834 SANFORD CIR.

Suite, Apt. #, etc.

City & State

28 SARASOTA FL

Zip

29 34234

Country

30 USA

4. FEI Number

31-1293976

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 **Michael J Waldron, Producer - Director**

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WALDRON, MICHAEL J**
STREET ADDRESS **3016 EDEN MILLS DR.**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ DELETE

NAME **RUBINSTEIN, DR. LEONARD**
STREET ADDRESS **4921 HIGEL AVE.**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☒ DELETE

NAME **LJUTICA, JILLIAN**
STREET ADDRESS **1900 MAIN ST., STE. 201**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **M. KATHLEEN HENDRICKS**
1.3 STREET ADDRESS **6446 HOLLYWOOD BLVD.**
1.4 CITY-ST-ZIP **SARASOTA, FL. 34236**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **JOSIE CUNNINGHAM**
2.3 STREET ADDRESS **29 SANDY COVE**
2.4 CITY-ST-ZIP **SARASOTA, FL. 34242**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **JEAN TRAMMELL**
3.3 STREET ADDRESS **418 GULF ST.**
3.4 CITY-ST-ZIP **VENICE, FL. 34285**

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

14. I do 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 **Michael J Waldron**

CR2E037 (9/96)