

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005270 (2)

1. Corporation Name

THE JOEL GEENSBURG THESPIAN CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

20 ALLAN RD.  
HOLLYWOOD FL 33023

Mailing Address

20 ALLAN RD.  
HOLLYWOOD FL 33023

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

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

10. Name and Address of New Registered Agent

MILLER, ALFRED L  
6604 S.W. 95TH CT.  
MIAMI FL 33173

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	PD	<input type="checkbox"/> DELETE
NAME	BONAMY, CHARLES	
STREET ADDRESS	20 ALLAN RD.	
CITY - ST - ZIP	HOLLYWOOD FL 33023	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, FRAN	
STREET ADDRESS	2513 BACCARAT DR.	
CITY - ST - ZIP	COOPER CITY FL 33026	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	IRELAND, DENISE	
STREET ADDRESS	2311 CHESTNUT CT.	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICKETTS, RICK	
STREET ADDRESS	207 LAKESIDE CIRCLE	
CITY - ST - ZIP	WESTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, MONIQUE	
STREET ADDRESS	1031 N.W. 195TH ST.	
CITY - ST - ZIP	MIRAMAR FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDOUARD, PIERRE	
STREET ADDRESS	8513 SOUTHAMPTON DR.	
CITY - ST - ZIP	MIRAMAR FL 33025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2-13-96

Date

Daytime Phone #

(954) 964-3943

CR2E037 (12/95)