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FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 FLORID  
A, INC.

Principal Place of Business

20 ALLAN RD.  
HOLLYWOOD FL 33023

Mailing Address

20 ALLAN RD.  
HOLLYWOOD FL 33023-52273. Date Incorporated or Qualified  
11/06/19953a. Date of Last Report  
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BONAMY, CHARLES  
STREET ADDRESS 20 ALLAN RD.  
CITY-ST-ZIP HOLLYWOOD FL 330231.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☒ DELETE  
NAME FRIEDMAN, FRAN  
STREET ADDRESS 2513 BACCARAT DR.  
CITY-ST-ZIP COOPER CITY FL 330262.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME IRELAND, DENISE  
STREET ADDRESS 2311 CHESTNUT CT.  
CITY-ST-ZIP PEMBROKE PINES FL 330263.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME RICKETTS, RICK  
STREET ADDRESS 207 LAKESIDE CIRCLE  
CITY-ST-ZIP WESTON FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MURRAY, MONIQUE  
STREET ADDRESS 1031 N.W. 195TH ST.  
CITY-ST-ZIP MIRAMAR FL 331695.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Sect.  
5.3 STREET ADDRESS MURRAY MONIQUE  
5.4 CITY-ST-ZIP 1031 N.W. 195TH ST  
MIAMI FL 33169TITLE D ☐ DELETE  
NAME EDOUARD, PIERRE  
STREET ADDRESS 8513 SOUTHAMPTON DR.  
CITY-ST-ZIP MIRAMAR FL 330256.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Yvette BONAMY  
6.3 STREET ADDRESS 615 N.W. 3rd Ave  
6.4 CITY-ST-ZIP HOLLANDALE FL 33009

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: *Charles Bonamy* CHARLES BONAMY P

4-28-97

(954) 454-7045

CR2E037 (9/96)