NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90468 023 ****61.25

DOCUMENT # N97000004955

1. Entity Name
Palms West Children's Theatre, Inc.

DO NOT WRITE IN THIS SPACE

B0068656

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2. Principal Place of Business	3. Mailing Address
12230 Forest Hill Blvd	12230 Forest Hill Blvd
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State Wellington, FL	City & State Wellington, FL
Zip 33414 Country Palm Beach	Zip 33414 Country Palm Beach

4. FEI Number 65-0818873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Maria Wise Miller

Street Address (P.O. Box Number is Not Acceptable): 12230 Forest Hill Blvd.

Suite 110

City: Wellington **FL** Zip Code: 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Maria del C Wise Miller — 4-8-02
Signature (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	Maria Wise-Miller
STREET ADDRESS	12230 Forest Hill Blvd #110
CITY-ST-ZIP	Wellington, FL 33414
TITLE	SD
NAME	William Miller
STREET ADDRESS	12230 Forest Hill Blvd #110
CITY-ST-ZIP	Wellington, FL 33414
TITLE	VPD
NAME	Wanda Gregg
STREET ADDRESS	1673 Trotter Court
CITY-ST-ZIP	Wellington, FL 33414
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria del C Wise Miller — 4-8-02 — 561-227-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #