

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19077 (9)**  
1. Corporation Name  
**COMMUNITY THEATRE OF HIALEAH/MIAMI LAKES, INC.**



Principal Place of Business <b>% JIM CHURCHILL 525 NE 199 LANE N MIAMI BCH FL 33179 US</b>	Mailing Address <b>% JIM CHURCHILL 525 NE 199 LANE N MIAMI BCH FL 33179-3004 US</b>
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<b>21</b> 2. Principal Place of Business <b>c/o Jim Churchill 16647 S.W. 6th St. Pembroke Pines, Fl 33027</b>	<b>22</b> 2a. Mailing Address <b>c/o Jim Churchill Suite, Apt. #, etc. 16647 S.W. 6th St. Pembroke Pines, Fl 33027</b>
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<b>3.</b> Date Incorporated or Qualified <b>02/03/1987</b>	<b>3a.</b> Date of Last Report <b>02/07/1996</b>
<b>4.</b> FEI Number <b>65-0010115</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**CHURCHILL, JIM  
525 NE 199 LANE  
N MIAMI BCH FL 33179**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>JIM CHURCHILL</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>16647 S.W. 6th Street</b>
<b>83</b> City <b>Pembroke Pines FL</b>
<b>85</b> Zip Code <b>33027</b>

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHURCHILL, JIM	
STREET ADDRESS	525 NE 199TH LANE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEGIDO, ALDO	
STREET ADDRESS	1501 LEBARON DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEDOMICIS, MIREYA	
STREET ADDRESS	5840 S.W. 89TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDEN, RANDY C	
STREET ADDRESS	325 MELALEUCA LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jim Churchill	
1.3 STREET ADDRESS	16647 S.W. 6th Street	
1.4 CITY-ST-ZIP	Pembroke Pines, Fl 33027	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patty Fernandez	
3.3 STREET ADDRESS	5361 W. 2nd Ave.	
3.4 CITY-ST-ZIP	Hialeah, Fl 33012	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	625 Melaleuca Lane	
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 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:** *J. Churchill* / Jim Churchill

CR2E037 (9/96)