

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701923

FILED
Jun 24, 2004
Secretary of State**Entity Name:** THE COCONUT GROVE PLAYHOUSE, INC.**Current Principal Place of Business:**3500 MAIN HWY
COCONUT GROVE, FL 33133 US**New Principal Place of Business:****Current Mailing Address:**3500 MAIN HWY
COCONUT GROVE, FL 33133 US**New Mailing Address:****FEI Number:** 59-6152238 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: POST, VINCENT F JR.
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: ST () Delete
Name: HOLLANDER, PEGGY
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: COVC () Delete
Name: SPIVACK, SHELLY
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DT () Delete
Name: LESS, MITCHELL
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: COVC (X) Delete
Name: SPIVAK, SHELLY
Address: BLUE CROSS BLUE SHIELD/8400 NW 33RD ST.
City-St-Zip: MIAMI, FL 33122 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: LESS, MITCHELL
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VC (X) Change () Addition
Name: SPIVACK, SHELLY
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: S (X) Change () Addition
Name: ALVAREZ, ORLANDO
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T (X) Change () Addition
Name: SALUM, TONY
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. WILLIAM KERLIN

D

06/24/2004

Electronic Signature of Signing Officer or Director

Date