## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701923** 

Entity Name: THE COCONUT GROVE PLAYHOUSE, INC.

FILED Sep 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3500 MAIN HWY COCONUT GROVE, FL 33133 US **Current Mailing Address: New Mailing Address:** 3500 MAIN HWY COCONUT GROVE, FL 33133 US FEI Number: 59-6152238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC KERLIN, K. WILLIAM 103 N. MERIDIAN ST., LÓWER LEVEL 3500 MÁIN HIGHWAY TALLAHASSEE, FL 32301 COCONUT GROVE, FL 33133 US 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: K. WILLIAM KERLIN 09/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition LESS, MITCHELL Name: Name: Address: 3500 MAIN HWY Address: City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: Title: VC () Delete Title: () Change () Addition Name: SPIVACK, SHELLY Name: Address: 3500 MAIN HWY Address: COCONUT GROVE, FL 33133 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ALVAREZ, ORLANDO Name: MITCHELL, JOANNE Name: 3500 MAIN HWY Address: Address: 3500 MAIN HWY City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: COCONUT GROVE, FL 33133 US Title: Title: () Change () Addition () Delete Name: SALUM, TONY Name: Address: 3500 MAIN HWY Address:

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.

City-St-Zip:

SIGNATURE: MITCHELL LESS C 09/27/2004

COCONUT GROVE, FL 33133 US

City-St-Zip: