## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701923** 

FILED Jan 1<u>2, 200</u>6 Secretary of State

Entity Name: THE COCONUT GROVE PLAYHOUSE, INC. **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: KERLIN, K. WILLIAM MORR, ALEXANDER 3500 MAIN HIGHWAY 3500 MAIN HIGHWAY COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 US 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: ALEXANDER MORR 01/12/2006 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: () Change () Addition MITCHELL, JOANNE Name: Name: 3500 MAIN HWY Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: SALUM, TONY Name: Address: 3500 MAIN HWY Address: COCONUT GROVE, FL 33133 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHELLY SPIVACK VC. 01/12/2006