

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19077

FILED
Jan 26, 2015
Secretary of State
CC1503784604

Entity Name: COMMUNITY THEATRE OF MIAMI LAKES, INC.

Current Principal Place of Business:

6766 MAIN STREET
MIAMI LAKES, FL 33014

Current Mailing Address:

6766 MAIN STREET
MIAMI LAKES, FL 33014 US

FEI Number: 65-0010115

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LYZNIAK, CLARA M
16019 NW 82 PLACE
MIAMI LAKES, FL 33016 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LYZNIAK, CLARA M
Address 16019 NW 82 PLACE
City-State-Zip: MIAMI LAKES FL 33016

Title VP
Name GONZALEZ, MELISSA
Address 1052 NW 127TH PATH
City-State-Zip: MIAMI FL 33182

Title D
Name COPPEL, ROBERT
Address 14252 NW 83RD COURT
City-State-Zip: MIAMI LAKES FL 33016

Title D
Name JAMES, CHARLES
Address 18220 SW 6TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title D
Name FERNANDEZ, MIKE
Address 3565 NW 99TH STREET
City-State-Zip: MIAMI FL 33147

Title S
Name GAIR, STEVE
Address 10523 SW 120TH STREET
City-State-Zip: MIAMI FL 33176

Title T
Name PERDIGON, ASHLEY
Address 538 NW 43RD PLACE
City-State-Zip: MIAMI FL 33126

Title D
Name FERNANDEZ, PATTY
Address 16751 NE 9TH AVENUE
APT. 301
City-State-Zip: NORTH MIAMI BEACH FL 33162

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I hereby 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 all other like empowered.

SIGNATURE: CLARA M LYZNIAK

PRESIDENT

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name OLIVERA, JOHN
Address 9995 SW 35TH TERRACE
City-State-Zip: MIAMI FL 33165