### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N19077

## 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

# Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	PD	Title	VPD
Name	LYZNIAK, CLARA M	Name	DIKINSON, LIZ
Address	16019 NW 82 PLACE	Address	6910 MAIN STREET APT. 225
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	
Title Name	TD KORENSTEIN, HAROLD A	Title Name	SD GONZALEZ, MELISSA
Address	8230 MENTEITH	Address	1052 NW 127 PLACE
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI FL 33182
Title Name Address City-State-Zip:	D COPPEL, ROBERT 14252 NW 83 COURT MIAMI LAKES FL 33016	Title Name Address City-State-Zip:	DIRECTOR JAMES, CHARLES 18220 SW 6 STREET PEMBROOKE PINES FL 33029
Title Name Address City-State-Zip:	DIRECTOR FERNANDEZ, MIKE 3565 NW 99 STREET MIAMI FL 33147	Title Name Address City-State-Zip:	DIRECTOR GAIR, STEVE 10523 SW 120 STREET MIAMI FL 33176

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: HAROLD KORENSTEIN

TREASURER

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date