

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700192

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE FORT LAUDERDALE CHILDREN'S THEATRE, INC.

Current Principal Place of Business:

520 NORTH ANDREWS AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

2542B E. SUNRISE BLVD.
FT LAUDERDALE, FL 33304

Current Mailing Address:

516 NE 13TH STREET
FT LAUDERDALE, FL 33304

New Mailing Address:

2542B E. SUNRISE BLVD.
FT LAUDERDALE, FL 33304

FEI Number: 59-0756789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, WILL
2040 POLK STREET
HOLLYWOOD, FL 33020 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: C () Delete
Name: HART, KEVIN
Address: 1705 N 41ST AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: VENKATARAMAN, BARBARA
Address: 2416 MIDDLE RIVER DR
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: TD () Delete
Name: HALE, MELANIE
Address: 4000 SW 72 WAY
City-St-Zip: DAVIE, FL 33314

Title: SMDP () Delete
Name: ERLICK, JANET L
Address: 3580 SW 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S (X) Delete
Name: O'CONNOR, SHARON
Address: 2609 NE 33 ST
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GIBSON, JASON
Address: ONE EAST BROWARD BLVD STE 1300
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VC (X) Change () Addition
Name: SIMON, MICHELLE
Address: 19 PELICAN ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TR (X) Change () Addition
Name: HALE, MELANIE
Address: 4000 SW 72 WAY
City-St-Zip: DAVIE, FL 33314

Title: P/S (X) Change () Addition
Name: ERLICK, JANET L
Address: 3580 SW 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

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

I hereby certify that the information supplied with this filing does not qualify 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: JANET L. ERLICK

P/S

04/17/2009

Electronic Signature of Signing Officer or Director

Date