

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701923

FILED
Jan 12, 2006
Secretary of State

Entity Name: THE COCONUT GROVE PLAYHOUSE, INC.

Current Principal Place of Business:

3500 MAIN HWY
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3500 MAIN HWY
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-6152238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERLIN, K. WILLIAM
3500 MAIN HIGHWAY
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MORR, ALEXANDER
3500 MAIN HIGHWAY
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: ALEXANDER MORR

01/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LESS, MITCHELL
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VC () Delete
Name: SPIVACK, SHELLY
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: S () Delete
Name: MITCHELL, JOANNE
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T () Delete
Name: SALUM, TONY
Address: 3500 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

Date