## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701923** 

FILED Aug 14, 2007 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 3500 MAIN HIGHWAY

US COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 US

FEI Number: 59-6152238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORR, ALEXANDER SPIVACK, RACHELLE 3500 MAIN HIGHWAY 834 JOHNSON STREET

COCONUT GROVE, FL 33133 US US HOLLYWOOD, FL 33019

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: RACHELLE SPIVACK 08/14/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

LESS, MITCHELL SPIVACK, RACHELLE Name: Name:

3500 MAIN HWY Address: 3500 MAIN HWY Address: COCONUT GROVE, FL 33133 US

City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VC () Delete Title: (X) Change ( ) Addition Name:

SPIVACK, SHELLY Name: MARQUEZ, EMILY Address: 3500 MAIN HWY Address: 3500 MAIN HWY

COCONUT GROVE, FL 33133 US City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133 US

Title: () Delete Title: (X) Change ( ) Addition

MITCHELL, JOANNE Name: POST, VINCE Name: 3500 MAIN HWY Address: Address: 3500 MAIN HWY

City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: COCONUT GROVE, FL 33133 US

Title: ( ) Delete Title: (X) Change ( ) Addition

GONZALEZ-LEVY, SANDRA Name: SALUM, TONY Name:

Address: 3500 MAIN HWY Address: 3500 MAIN HWY

COCONUT GROVE, FL 33133 US City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133 US

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: RACHELLE SPIVACK C 08/14/2007