

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 708678

1. Entity Name  
THE LAKE WORTH PLAYHOUSE, INC.



Principal Place of Business  
713 LAKE AVE  
LAKE WORTH, FL 33460 US

Mailing Address  
713 LAKE AVE  
LAKE WORTH, FL 33460 US

FILED

MAY 16 AM 9:15



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-6138280

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREANEY, DIANE M  
801 LAKESHORE DR. #418  
LAKE PARK, FL 33403

Name  
STEPHANIE SMITH  
Street Address (P.O. Box Number is Not Acceptable)  
1101 S. SEACREST BLVD  
City  
Bouytton Beach FL Zip Code  
33435

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephanie Smith GENERAL MANAGER 5/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	FREANEY, DIANE M	801 LAKESHORE DR. #418	LAKE PARK, FL 33403	<input checked="" type="checkbox"/>
T	MEAD, MICHAEL	4500 S OCEAN BLVD 3302	PALM BEACH, FL 33480	<input type="checkbox"/>
D	DELAND, JIM	445 FOREST HILL BOULEVARD	WEST PLAM BEACH, FL 33405	<input type="checkbox"/>
V	ROBINSON, PETER J	506 N. PALMWAY	LAKE WORTH, FL 33460	<input type="checkbox"/>
S	MCCONNELL, TRUDY	505 S FLAGLER DRIVE SUITE 220	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
D	NELSON, FRANCINE	120 S DIXIE HWY #202	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
T	MEAD, MICHAEL	4500 S. OCEAN BLVD #3302	Palm Beach FL 33480	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	DELAND, Jim	445 Forest Hill Boulevard	West Palm Beach FL 33405	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Robinson, Peter J.	506 N. Palmway	Lake Worth FL 33460	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LORETTA LUFFY	3400 S. OCEAN BLVD	HIGHLAND BEACH, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	John J. Morrissey	713 LAKE AVE	LAKE WORTH FL 33460	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Mead, TREASURER 5/9/08 (561) 3799330  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

SP