2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 708678

Entity Name: THE LAKE WORTH PLAYHOUSE, INC.

Current Principal Place of Business:

713 LAKE AVE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

713 LAKE AVE
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-6138280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, STEPHANIE
1101 S. SEACREST BLVD
BOYNTON BEACH, FL 33435 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:	D	( ) Delete
Name:	LUFTY, LORETTA	
Address:	3400 S. OCEAN BLVD.	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	T	( ) Delete
Name:	MEAD, MICHAEL	
Address:	4500 S OCEAN BLVD 3302	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	V	( ) Delete
Name:	DELAND, JIM	
Address:	445 FOREST HILL BOULEVARD	
City-St-Zip:	WEST PLAM BEACH, FL 33405	
Title:	P	( ) Delete
Name:	ROBINSON, PETER J	
Address:	506 N. PALMWAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	S	( ) Delete
Name:	MCCONNELL, TRUDY	
Address:	505 S FLAGLER DRIVE SUITE 220	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	V	( ) Delete
Name:	MORRISSEY, JOHN J	
Address:	713 LAKE AVE.	
City-St-Zip:	LAKE WORTH, FL 33460	

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:	
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 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: STEPHANIE SMITH RA 03/20/2009

Electronic Signature of Signing Officer or Director — Date