2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 22, 2009 **DOCUMENT# 708678** Secretary of State

Entity Name: THE LAKE WORTH PLAYHOUSE, INC.

Current Principal Place of Business: New Principal Place of Business: 713 LAKE AVE LAKE WORTH, FL 33460 US **Current Mailing Address: New Mailing Address:** 713 LAKE AVE LAKE WORTH, FL 33460 US FEI Number: 59-6138280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, STEPHANIE 1101 S. SEACREST BLVD BOYNTON BEACH, FL 33435 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LUTFY, LORETTA Name: Name: 3400 S. OCEAN BLVD. Address: Address: City-St-Zip: HIGHLAND BEACH, FL 33487 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MEAD, MICHAEL Name: Address: 4500 S OCEAN BLVD APT 302 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition FOX, MURRAY Name: Name: 3610 S OCEAN BLVD Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ROBINSON, PETER J Name: HADER, MARY E Address: 506 N. PALMWAY Address: 1411 W DUVAL ST

City-St-Zip: LAKE WORTH, FL 33460 Title: VΡ () Delete

MCKENDRY, MADLYN Name: 929 N LAKESIDE DR Address:

City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete

MCKEICH, MICHAEL J Name: Address: 10683 AQUARIUS LANE

ROYAL PALM BEACH, FL 33411 City-St-Zip:

LANTANA, FL 33462 Title: () Change () Addition

Name: Address:

Title: () Change () Addition

Name: Address: City-St-Zip:

City-St-Zip:

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 RΑ 12/22/2009