

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729241

FILED  
Sep 02, 2006  
Secretary of State

**Entity Name:** REPERTORY LIBRARY THEATRE, INC.

**Current Principal Place of Business:**

C/O R. L. TOBIN  
P. O. BOX 6071  
WEST PALM BEACH, FL 334050071 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6071  
WEST PALM BCH, FL 334050071 US

**New Mailing Address:**

**FEI Number:** 59-1536047 **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:**

TOBIN, RICHARD L  
727 TUSCALOOSA ST  
W PALM BCH, FL 33405 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: STD ( ) Delete  
Name: HELMS, ROY VANN  
Address: 5281 SW 95 AVE  
City-St-Zip: COOPER CITY, FL 33328 US

Title: VD ( ) Delete  
Name: GATES, JAMES R  
Address: 316 PLYMOUTH RD.  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: PD ( ) Delete  
Name: MARSIC, JOANNE I  
Address: 6905 SW 65 AVE  
City-St-Zip: MIAMI, FL 33143 FL

**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:

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: ROY VANN HELMS

STD

09/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date