

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 750916

1. Entity Name

TAMARAC THEATRE OF PERFORMING ARTS, INC.



Principal Place of Business

Mailing Address

8761 HOLLY CT
#202
TAMARAC FL 33321

8761 HOLLY CT
#202
TAMARAC FL 33321
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992319

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, DOROTHY
8761 HOLLY COURT
TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Dorothy Willis

(NOTE: Registered Agent signature required when reinstating)

4/28/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☐ Delete
NAME WILLIS, DOROTHY
STREET ADDRESS 8761 HOLLY COURT
CITY- ST- ZIP TAMARAC FL

☐ Change ☐ Addition
U00000747435
05/17/07-80026-004 61.25

TITLE T ☐ Delete
NAME WARNER, JACKIE
STREET ADDRESS 7731 TRENT DR
CITY- ST- ZIP TAMARAC FL 33321

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME SCHMOOKLER, BILL
STREET ADDRESS 525 N. OCEAN BLVD.
CITY- ST- ZIP POMPANO BEACH FL 33062

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Dorothy Willis

4/28/07

954-721-9411