

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# 751733

Entity Name: VINNETTE CARROLL REPERTORY COMPANY, INC.

**Current Principal Place of Business:**

503 S.E. 6TH STREET  
FT LAUDERDALE, FL 33303 US

**New Principal Place of Business:**

1001 SW 39TH AVENUE  
FT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

P.O. BOX 030473  
FT LAUDERDALE, FL 33303 US

**New Mailing Address:**

FEI Number: 59-2354269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, ANTHONY R.  
1001 S.W. 39TH AVENUE  
FORT LAUDERDALE, FL 33312 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: PD ( ) Delete  
Name: WEST, CHUCK  
Address: 720 CYPRESS POINT DR  
City-St-Zip: PEMBROKE PINES, FL

Title: SD ( ) Delete  
Name: TURNER, TRISH  
Address: 5787 W. SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

Title: TDM ( ) Delete  
Name: THOMPSON, ANTHONY,  
Address: 1001 S.W. 39TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL

Title: D ( ) Delete  
Name: NORRIS-WEEKS, BERNADETTE  
Address: 100 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY R. THOMPSON

TDM

04/29/2004

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

\_\_\_\_\_  
Date