

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751733

FILED
Apr 18, 2008
Secretary of State

Entity Name: VINNETTE CARROLL REPERTORY COMPANY, INC.

Current Principal Place of Business:

1001 SW 39TH AVENUE
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

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 (X)

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 33312

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 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: ANTHONY R. THOMPSON

TDM

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date