2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90254 028 ****61.25

DOCUMENT # N00000003403

1. Entity Name

RAINBOW REPERTORY COMPANY, THEATRE & ACADEMY, INC.

Principal Place of Business	Mailing Address
1501 NW 108TH AVE #327 PLANTATION FL 33322	1501 NW 108TH AVE #327 PLANTATION FL 33322

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
1501 NW 108th Ave.	1501 NW 108th Ave.
Suite, Apt. #, etc.: 327	Suite, Apt. #, etc.: 327
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, CHRISTOPHER
1501 NW 108TH AVE
#327
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name: Christopher Grant
Street Address (P.O. Box Number is Not Acceptable): 1501 NW 108 Ave. Apt. 327
City: Plantation FL Zip Code: 33322

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: Christopher Grant President Christopher Grant 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V KEEN, RICHARD E 2730 SW 117TH AVENUE DAVIE FL 33330	☑ Delete	Dena Cullinane, VP 1501 NW. 108th Ave., Apt. 326 Plantation, FL. 33322	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUCHA, NORMA 14761 MADISON PLACE DAVIE FL 33325	☑ Delete	Secretary Delicia Adams 3201 NW 35 Way Lauderdale Lakes, FL. 33309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, TARIK 3285 FOX CROFT ROAD #E215 MIRAMAR FL 33025	☑ Delete	Treasurer Errington Dary 1501 NW108 Ave, Apt. 329	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLAUGHLIN, MARY ANN 130 NW 91ST AVE #105 PLANTATION FL 33324	☐ Delete	Christine Henschel Bd. Mem 6330 SW 1st St. Plantation, FL. 33317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARTZBERG, AMY 4379 CARAMBOLA CIRCLE COCONUT CREEK FL 33066	☐ Delete	Board Member Declan Lyons 412 NE 10th Ave. Ft. Lauderdale, FL 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLAVIA, ELBAROVDI 512 NW 97TH AVE. PLANTATION FL 33324	☑ Delete	Board Member Sylvia McGinley P.O. Box 551304 Ft. Lauderdale, FL. 33355	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Christopher Grant Christopher Grant 4/28/04 954-873-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #