2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003558

1. Entity Name
LEADING WOMEN'S REPERTORY THEATRE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1304 SW 160TH AVE., SUITE 629 SUNRISE, FL 33326	1304 SW 160TH AVE., SUITE 629 SUNRISE, FL 33326

05052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1110251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, RICHELLE
1304 SW 160TH AVE # 629
SUNRISE, FL 33326

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000158745
05/10/04-80002-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLINS, LEE ANTHONY
STREET ADDRESS	1304 SW 160TH AVE., STE. 629
CITY-ST-ZIP	NORTH MIAMI, FL 33326
TITLE	TD
NAME	COLLINS, LEE ANTHONY
STREET ADDRESS	1304 SW 160TH AVE #629
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	SD
NAME	BATHER, DEE
STREET ADDRESS	99 NW 183RD ST, SUITE 203
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	COLEBROOK, DYATHA
STREET ADDRESS	4220 NW 173RD DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33055
TITLE	D
NAME	SIMMS, WILLIE REV DR
STREET ADDRESS	111 NW 1ST ST, SUITE 650
CITY-ST-ZIP	MIAMI, FL 331281994
TITLE	D
NAME	BROOKS, RIKI
STREET ADDRESS	1746 NE MIAMI GARDENS DR #308
CITY-ST-ZIP	MIAMI, FL 33179

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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: Richelle Collins 4/30/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #