

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003558

FILED
Apr 30, 2006
Secretary of State

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

Current Principal Place of Business:

1304 SW 160TH AVE., SUITE 629
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1304 SW 160TH AVE., SUITE 629
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-1110251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, RICHELLE
1304 SW 160TH AVE # 629
SUNRISE, FL 33326 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: COLLINS, LEE ANTHONY
Address: 1304 SW 160TH AVE., STE. 629
City-St-Zip: NORTH MIAMI, FL 33326

Title: TD () Delete
Name: COLLINS, LEE ANTHONY
Address: 1304 SW 160TH AVE #629
City-St-Zip: SUNRISE, FL 33326

Title: SD () Delete
Name: BATHER, DEE
Address: 99 NW 183RD ST, SUITE 203
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: COLEBROOK, DYATHA
Address: 4220 NW 173RD DRIVE
City-St-Zip: MIAMI BEACH, FL 33055

Title: D () Delete
Name: SIMMS, WILLIE REV DR
Address: 111 NW 1ST ST, SUITE 660
City-St-Zip: MIAMI, FL 331281994

Title: D () Delete
Name: BROOKS, RIKI
Address: 1746 NE MIAMI GARDENS DR #308
City-St-Zip: MIAMI, FL 33179

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
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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 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: RICHELLE COLLINS

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date