2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008
Secretary of State

DOCUMENT# N01000003558

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
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: RIKI BROOKS D 09/10/2008

Electronic Signature of Signing Officer or Director — Date