

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006367

FILED
May 01, 2008
Secretary of State

Entity Name: AFRICAN AMERICAN PERFORMING ARTS COMMUNITY THEATRE, INC.

Current Principal Place of Business:

1832 N W 59TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 472451
MIAMI, FL 332472451

New Mailing Address:

FEI Number: 65-1137565 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:

HARRELL, THEODORE R JR.
1832 N W 59TH STREET
MIAMI, FL 33142 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: D () Delete
Name: HARRELL, JR., THEODORE R MR.
Address: 1832 NW 59TH STREET
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: HARRELL, SR., KEITH A MR
Address: 2001 NW 92ND STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: GAINEY, ANDRE L MR.
Address: 2250 NW 60TH AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: HARRELL, THEODORE R SR.
Address: 2001 NW 92ND STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: HARRELL, LEOTHA S MRS.
Address: 2001 NW 92ND STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: WRIGHT, SR., JOHN K MR.
Address: 2551 NW 136TH STREET
City-St-Zip: OPA-LOCKA, FL 33054

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: THEODORE R HARRELL JR

D

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date