

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006367

FILED  
Feb 08, 2012  
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 (X)

**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  
Name: HARRELL, JR., THEODORE R MR.  
Address: 1832 NW 59TH STREET  
City-St-Zip: MIAMI, FL 33142

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

Title: T  
Name: MCINTYRE, TINIKA R MS.  
Address: 220 NW 11TH TERRACE APT. 6  
City-St-Zip: MIAMI, FL 33136

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

I hereby 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 all other like empowered.

SIGNATURE: THEODORE R HARRELL JR

D

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date