

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003386

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** THE WOMEN'S THEATRE PROJECT, INC.

**Current Principal Place of Business:**

1314 E. LAS OLAS BLVD  
#31  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

505 NW 1ST AVENUE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 E. LAS OLAS BLVD  
#31  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 01-0694877      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAGGY, JACQUELINE M  
3420 NW 121 AVENUE  
SUNRISE, FL 33323      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:** P/D  
**Name:** LASHER, MEREDITH M  
**Address:** 1314 E. LAS OLAS BLVD., #31  
**City-St-Zip:** FT. LAUDERDALE, FL 33301

**Title:** V/D  
**Name:** CROFT, GENIE  
**Address:** 12544 NW 60TH PLACE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** T  
**Name:** LAGGY, JACQUELINE M  
**Address:** 3420 NW 121 AVE  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** S  
**Name:** SUSSMAN, CAROL  
**Address:** 4700 WASHINGTON ST., #202  
**City-St-Zip:** HOLLYWOOD, FL 33021

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: JACQUELINE M LAGGY

T

03/02/2010

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

\_\_\_\_\_  
Date