

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90012 023 \*\*\*\*\*61.25

DOCUMENT # N02000006170

1. Entity Name

THE CHILDREN'S THEATRE OF FLORIDA, INC.



Principal Place of Business

120 S PARK  
SANFORD FL 32771

Mailing Address

120 S PARK  
SANFORD FL 32771

2. Principal Place of Business

120 S. Park Ave

3. Mailing Address

120 S. Park Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sanford, FL

City & State  
Sanford, FL

Zip  
32771

Country  
U.S.A.

Zip  
32771

Country  
U.S.A.



MOORE

CR2E037 (11/03)

4. FEI Number

55-0792692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCOY, ALLEN  
120 S PARK  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name  
Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCOY, TRACY 1050 MCKINNON OVIDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCCOY, ALLEN 1050 MCKINNON OVIDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WASHBURN, JEAN 117 JANE CREEK DR GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, TIM D DR 1410 W BROADWAY STE 107 OVIDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jon Lynch 1872 Markley Pl Longwood, FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mary Jo Cariselli 601 Madera Rd De Bary, FL 32713	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-04

Date

Daytime Phone #