

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006170

FILED
Jun 28, 2005
Secretary of State

Entity Name: THE CHILDREN'S THEATRE OF FLORIDA, INC.

Current Principal Place of Business:

120 S PARK AVE
SANFORD, FL 32771

New Principal Place of Business:

2921 S. ORLANDO DR
240
SANFORD, FL 32773

Current Mailing Address:

120 S PARK AVE
SANFORD, FL 32771

New Mailing Address:

PO BOX 621233
OVIEDO, FL 32762

FEI Number: 55-0792692 **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:

MCCOY, ALLEN
120 S PARK
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MCCOY, ALLEN
2921 S. ORLANDO DR
240
SANFORD, FL 32773 US

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: _____

06/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOY, TRACY
Address: 1050 MCKINNON
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: MCCOY, ALLEN
Address: 1050 MCKINNON
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: WASHBURN, JEAN
Address: 117 JANE CREEK DR
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: CHAPMAN, TIM D DR
Address: 1410 W BROADWAY STE 107
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LYNCH, JON
Address: 1872 MARLEY PL
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CAVISELLI, MARY JO
Address: 61 MADERA RD
City-St-Zip: DEBARY, FL 32713

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACY MCCOY

PRES

06/28/2005

Electronic Signature of Signing Officer or Director

Date