

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006193

FILED
Apr 01, 2004
Secretary of State

Entity Name: BETTER WAY THEATRICAL ACADEMY, INC

Current Principal Place of Business:

6878 LIMPKIN DR.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6878 LIMPKIN DR.
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 65-1197432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREZ, SHERYL
6878 LIMPKIN DR.
ORLANDO, FL 32810

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: PD () Delete
Name: FLOREZ, SHERYL
Address: 6878 LIMPKIN DR.
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: JONES, DERYL
Address: 785 BAKER AVE.
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: WILLIAMS, ANTOINETTE
Address: 2506 MARTINWOOD DR.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SERRANO-JOSEPH, MARIA
Address: 1000 LAKE OF THE WOODS BLVD #204-F
City-St-Zip: FERN PARK, FL 32730

Title: TD (X) Change () Addition
Name: BARTON, MARCUS
Address: 4350 MEDALLION DR #2206
City-St-Zip: ORLANDO, FL 32808

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: SHERYL FLOREZ

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date