## 2006 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT (AR)

## Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N05000005664 1. Entity Name 04-27-2006 90150 013 \*\*\*\*61.25 THE ACTORS WORKSHOP OF SOUTH FLORIDA INC Principal Place of Business Mailing Address PO BOX 5134 PO BOX 5134 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 100 2. Principal Place of Business 3. Mailing Address P. O BOX 5 P. O BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number DEERFIELD BEACHIT DEERFIELD BEACH, FL Not Applicable BROWARI \$8.75 Additional 5. Certificate of Status Desired ROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAASE, BRIAN Street Address (P.O. Box Number is Not Acceptable) 6278 N FEDERAL HWY #462 FT LAUDERDALE FL 33308 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 reinstalling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition KELLY, JANE NAME NAME PO BOX 5134 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP D Delete THILE TITLE ☐ Change Addition GAREH, MEIR NAME NAME STREET ADDRESS PO BOX 5134 STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition WINSLOW, DONNA NAME NAME PO BOX 5134 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 eath; 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.

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SIGNATURE:

**FILED** 

4/14/06