

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000005664

1. Entity Name

THE ACTORS WORKSHOP OF SOUTH FLORIDA INC



FILED
Jun 16, 2008 08:00 AM
Secretary of State



Principal Place of Business

POB 5134
DEERFIELD BEACH FL 33442

Mailing Address

POB 5134
DEERFIELD BEACH FL 33442

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-3006102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAASE, BRIAN
6278 N FEDERAL HWY #462
FT LAUDERDALE FL 33308

Name

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 is required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
KELLY, JANE
PO BOX 5134
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000953175
06/16/08-80002-020 61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GAREH, MEIR
PO BOX 5134
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WINSLOW, DONNA
PO BOX 5134
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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:

J. Kelly

5/26/08 954-6081606