

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007629

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** SHAKESPEARE IN THE PARK MIAMI, INC.

**Current Principal Place of Business:**

2701 SOUTH BAYSHORE DRIVE  
SUITE 605  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

2701 SOUTH BAYSHORE DRIVE  
SUITE 605  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

**FEI Number:** 43-2091989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOVALL, JOHN J  
2701 SOUTH BAYSHORE DRIVE  
SUITE 605  
COCONUT GROVE, FL 33133 US

**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:** DIR  
**Name:** STOVALL, COLLEEN M  
**Address:** 2701 SOUTH BAYSHORE DRIVE, SUITE 605  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

**Title:** DIR  
**Name:** WILLIAMS, ANDRE ESQ  
**Address:** 2701 SOUTH BAYSHORE DRIVE, SUITE 605  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

**Title:** DIR  
**Name:** KOCH, VERONIQUE  
**Address:** 2701 SOUTH BAYSHORE DRIVE, SUITE 605  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

**Title:** DIR  
**Name:** EISENHART, PAUL  
**Address:** 2701 SOUTH BAYSHORE DRIVE, SUITE 605  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

**Title:** DIR  
**Name:** STOVALL, CHAILLE P  
**Address:** 2701 SOUTH BAYSHORE DRIVE, SUITE 605  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

I hereby 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 all other like empowered.

**SIGNATURE:** COLLEEN M STOVALL

DIR

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date