

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11564

FILED
Apr 29, 2004
Secretary of State

Entity Name: FLORIDA CHILDREN'S REPERTORY THEATRE, INC.

Current Principal Place of Business:

% WILLIAM M HOBBY III
157 E NEW ENGLAND AVE #375
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

% WILLIAM M HOBBY III
157 E NEW ENGLAND AVE #375
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2710191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBY, WILLIAM M III
157 E NEW ENGLAND AVE #375
WINTER PARK, FL 32789

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: OSWALD, EILEEN,
Address: 8502 CARACAS AVE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: LINDBERG, GENIE
Address: 222 YARMOUTH RD
City-St-Zip: FERN PARK, FL 32730

Title: DST () Delete
Name: HEARD, DOREEN,
Address: 4036 WITTWOOD COURT
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: METALLAQUI, LOUISA
Address: 5560 GARDEN GROVE CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: COMBS, STEPHEN
Address: 2812 WOODSIDE AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: ROWELL, STEVE A
Address: 2329 ROANOKE CT
City-St-Zip: LAKE MARY, FL 35801

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
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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: DOREEN HEARD

DST

04/29/2004

Electronic Signature of Signing Officer or Director

Date