2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11564

FILED May 12, 2010 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

% WILLIAM M HOBBY III 157 E NEW ENGLAND AVE #375 4036 WITTWOOD COURT ORLANDO, FL 32817

WINTER PARK, FL 32789

New Mailing Address:

Current Mailing Address:

P.O. BOX 677234

% WILLIAM M HOBBY III 157 E NEW ENGLAND AVE #375

ORLANDO, FL 32867 US

WINTER PARK, FL 32789

FEI Number Not Applicable ()

Certificate of Status Desired (X)

FEI Number: 59-2710191

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent:

HOBBY, WILLIAM M III

HOBBY III, WILLIAM M

157 E NEW ENGLAND AVE #375 WINTER PARK, FL 32789

157 E NEW ENGLAND AVE #375 WINTER PARK, FL 32789

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: WILLIAM M. HOBBY III

Name and Address of Current Registered Agent:

05/12/2010

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

COMBS, STEPHEN Name: Address: 2812 WOODSIDE AVENUE City-St-Zip: WINTER PARK, FL 32789 US

Title:

Name: LINDBERG, GENIE Address: 222 YARMOUTH RD City-St-Zip: FERN PARK, FL 32730 US

Title: DST

HEARD, DOREEN B DR Name: Address: 4036 WITTWOOD COURT City-St-Zip: ORLANDO, FL 32817 US

Title:

Name: DRUMMOND, DIANA 5025 MILL STREAM RD. Address: City-St-Zip: OCOEE, FL 34761 US

Title:

BARKER, PATRICIA Name: 6757 RUBENS COURT Address: City-St-Zip: ORLANDO, FL 32818 US

Title:

DUGGAN, GLORIA Name:

Address: 1155 CALLE DEL NORTE, APT. C CASSELBERRY, FL 32707 US City-St-Zip:

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: DOREEN B. HEARD DST Electronic Signature of Signing Officer or Director

05/12/2010

Date