2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004
Secretary of State

DOCUMENT# N11890

Entity Name: THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Current Principal Place of Business:

300 BREVARD AVENUE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

300 BREVARD AVENUE
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-2612709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHENY, JOE D
355 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796 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:	CHM	( ) Delete
Name:	STARKEY, JEAN	
Address:	1365 N. COURTENAY PKWY, SUITE C	
City-St-Zip:	MERRITT ISLAND, FL 329534484	
Title:	VCHM	( ) Delete
Name:	PERERS, SUSAN	
Address:	2015 S. WAVERLY PLACE	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	SD	( ) Delete
Name:	CEROW, JOAN	
Address:	4100 N. WICKHAM RD, SUITE 127	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	T	( ) Delete
Name:	HARRIS, DEWEY	
Address:	976 BREVARD AVENUE, SUITE B	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	MCINTYRE, LARRY	
Address:	2890 HARPER ROAD	
City-St-Zip:	MELBOURNE, FL 32904	
Title:	D	( ) Delete
Name:	FETTROW, BRENDA DR.	
Address:	1519 CLEARLAKE RD	
City-St-Zip:	COCOA, FL 32922	

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
Name:	
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: DR. BRENDA FETTROW D 03/19/2004
Electronic Signature of Signing Officer or Director — Date