

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11890

FILED
Mar 18, 2009
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

HAWKINS-SMITH, ANASTACIA
300 BREVARD AVENUE
COCOA, FL 32922 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: BAUGHN, SCOTT
Address: P.O. BOX 562745
City-St-Zip: ROCKLEDGE, FL 329562745

Title: VCHM () Delete
Name: WETZEL, BOB
Address: 520 SHAKER HEIGHTS DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: MCINTYRE, LARRY
Address: 2890 HARPER ROAD
City-St-Zip: MELBOURNE, FL 32904

Title: T () Delete
Name: HARRIS, DEWEY
Address: 976 BREVARD AVENUE, SUITE B
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: FLOM, ELENA DR.
Address: 483 BARRELLO LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: ROSS, JAMES
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
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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 exemption stated in Chapter 119, 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: JAMES W. ROSS

D

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date