NONPROFIT CORPORATION ANNUAL REPORT

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State
03-19-2002 90029 010 ****61.25

DOCUMENT # N19077 ✓

1. Entity Name
COMMUNITY THEATRE OF HIEALEAH/MIAMI LAKES, IN(

DO NOT WRITE IN THIS SPACE

425054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Jim Churchill	16647 SW 6th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State
Zip: 33027 Country: USA	Zip Country

4. FEI Number: 65-0010115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jim Churchill

Street Address (P.O. Box Number is Not Acceptable): 16647 SW 6th Street

City: Pembroke Pines **FL** Zip Code: 33027

8. 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: Jim Churchill — Jim Churchill, President — 2-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President/Director	TITLE	
NAME	Jim Churchill	NAME	
STREET ADDRESS	16647 SW 6th St.	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	CITY-ST-ZIP	
TITLE	Vice-President/Director	TITLE	
NAME	Maria Ortiz	NAME	
STREET ADDRESS	9433BigCypress Dr	STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL 33014	CITY-ST-ZIP	
TITLE	Secretary/Director	TITLE	
NAME	6855 W 2nd Lane Heather Burkett	NAME	
STREET ADDRESS	Hialeah, FL 33014	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE	Treasurer/Director	TITLE	IN THIS SPACE
NAME	Elizabeth Anne Garrard	NAME	
STREET ADDRESS	15201 NW 6 Court	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33028	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Churchill — Jim Churchill, President — 02-28-02 — 954-441-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #