2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# N19077

Entity Name: COMMUNITY THEATRE OF MIAMI LAKES, INC.

Current Principal Place of Business:

% MARIA ORTIZ
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

6766 MAIN STREET
MIAMI LAKES, FL 33014 US

Current Mailing Address:

7433 BIG CYPRESS DR
MIAMI LAKES, FL 33014 US

New Mailing Address:

6766 MAIN STREET
MIAMI LAKES, FL 33014 US

FEI Number: 65-0010115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, MARIA
7433 BIG CYPRESS DR
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

GARRARD, ELIZABETH
15201 NW 6 COURT
PEMBROKE PINES, FL 33028 US

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: ELIZABETH ANNE GARRARD 04/02/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORTIZ, MARIA
Address: 7433 BIG CYPRESS DR
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD ( ) Delete
Name: LYZNIAK, CLARA
Address: 17339 NW 66 PL
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD ( ) Delete
Name: BURKETT, HEATHER
Address: 6855 W 2ND LANE
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete
Name: OLIVERA, JOHN
Address: 9995 SW 35 TR
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARRARD, ELIZABETH A
Address: 15201 NW 6 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD (X) Change ( ) Addition
Name: FRAGETTA, BILL
Address: 16515 DUNOON COURT
City-St-Zip: MIAMI LAKES, FL 33016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SCORCA, DAVID
Address: 15201 NW 6 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

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: ELIZABETH ANNE GARRARD PD 04/02/2004
Electronic Signature of Signing Officer or Director Date