2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N19077

Entity Name: COMMUNITY THEATRE OF MIAMI LAKES, INC.

Current Principal Place of Business:

6766 MAIN STREET
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

6766 MAIN STREET
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0010115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HYATT, JOSH C
1900 NE 158 ST
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GARRARD, ELIZABETH A
15201 NW 6 CT
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 07/03/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: VPD ( ) Delete
Name: FERNANDEZ, PATRICIA
Address: 6766 MAIN STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD ( ) Delete
Name: HYATT, JOSH
Address: 1900 NE 158 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TD ( ) Delete
Name: BEECH, AUDREY
Address: 6766 MAIN STREET
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: COWARD, ROBERT
Address: 6766 MAIN STREET
City-St-Zip: MIAMI LAKES, FL 33014

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 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: ELIZABETH ANNE GARRARD PD 07/03/2006
Electronic Signature of Signing Officer or Director Date