2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90071 009 ****61.25

DOCUMENT # N19077

1. Entity Name
COMMUNITY THEATRE OF MIAMI LAKES, INC.

40042218

Principal Place of Business	Mailing Address
6766 MAIN STREET MIAMI LAKES, FL 33014 US	6766 MAIN STREET MIAMI LAKES, FL 33014 US

01062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEECH, AUDREY ~~7200 FAIRWAY DR.,~~ ~~24~~ ~~MIAMI LKAES, FL 33014~~	Name BEECH, AUDREY Street Address (P.O. Box Number is Not Acceptable) 5300 W. 16 Avenue #419 City Hialeah FL Zip Code 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE AUDREY BEECH Audrey Beech 3/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COPPEL, ROBERT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lyzniak, Clara 17339 NW 66 Place Miami FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LYZNIAK, CLARA 17339 NW 66TH PLACE MIAMI, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ameli Fragetta 16515 Dunoon Court Miami Lakes FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEECH, AUDREY 7200 FAIRWAY DR., 24 MIAMI LAKES, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Beech, Audrey 5300 W 16th Avenue #419 Hialeah FL 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEECH, ALAN J 7200 FAIRWAY DR., 24 MIAMI LAKES, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beech, J. Alan 5300 W 16th Avenue #419 Hialeah FL 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beech 3/5/2008 305-356-3500 x1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. Alan Beech