2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
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 ( )**

Name and Address of Current Registered Agent:

BEECH, AUDREY
5300 W. 16 AVENUE #419
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BEECH, JOHN A
5300 W. 16 AVENUE #419
HIALEAH, FL 33012 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: JOHN ALAN BEECH 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LYZNIAK, CLARA
Address: 17339 NW 66 PLACE
City-St-Zip: MIAMI, FL 33015

Title: VPD ( ) Delete
Name: FRAGETTA, AMELI
Address: 16515 DUNOON COURT
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Delete
Name: BEECH, AUDREY
Address: 5300 W 16TH AVENUE #419
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete
Name: BEECH, ALAN J
Address: 5300 W 16TH AVENUE #419
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: BEECH, JOHN A
Address: 5300 W 16TH AVENUE #419
City-St-Zip: HIALEAH, FL 33012

Title: TD (X) Change ( ) Addition
Name: SCHROEDER, BARBARA
Address: 940 LENOX AVENUE # 12
City-St-Zip: MIAMI BEACH, FL 33139

Title: DIR ( ) Change (X) Addition
Name: COPPEL, ROBERT
Address: % 6766 MAIN ST.
City-St-Zip: MIAMI LAKES, FL 33014

Title: DIR ( ) Change (X) Addition
Name: BEECH, AUDREY M
Address: 5300 W 16TH AVENUE # 419
City-St-Zip: HIALEAH, FL 33012

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: JOHN ALAN BEECH SD 01/13/2009
Electronic Signature of Signing Officer or Director Date