2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003348

NOELL, DEBBIE

2410 RABBIT HOLLOW CIR

DELRAY BCH, FL 33444

Name:

Address:

City-St-Zip:

Entity Name: THE CHILDREN'S THEATRE GUILD, INC.

FILED Jul 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1226 PALAMA WAY LANTANA, FL 33462 US **Current Mailing Address: New Mailing Address:** 1226 PALAMA WAY LANTANA, FL 33462 US FEI Number: 65-0430833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WENDER, CHARLES 190 W. PÁLMETTO PARK RD. BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PTDS** () Change () Addition () Delete RICHARDS, MARGIE F. Name: Name: Address: 1226 PALAMA WAY Address: LANTANA, FL 33462 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition WENDIER, CHARLES Name: Name: Address: 190 W. PALMETTO PARK ROAD Address: City-St-Zip: BOCA RATON, FL 33483 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDS, LARRY Name: Name: 2600 FIORE WAY #201 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROWELL, ERNEST Name: Address: 17656 FOXWOOD WAY Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARGIE F. RICHARDS P 07/02/2004