



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 28 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005741					
1. Entity Name PALETTE, MASK AND LYRE STUDIO THEATRE, INC.					
Principal Place of Business 215 FIRST AVENUE S SUITE 3 LAKE WORTH, FL 33460 US			Mailing Address 215 FIRST AVENUE S SUITE 3 LAKE WORTH, FL 33460 US		
2. Principal Place of Business 1529 SW 32nd St Suite, Apt. #, etc.		3. Mailing Address 1529 SW 32nd St Suite, Apt. #, etc.			
City & State Ft Lauderdale, FL Zip: 33315 Country: USA		City & State Ft Lauderdale, FL Zip: 33315 Country: USA		4. FEI Number 65-0478705	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GALO-GARNER, JOANNE-SANDRA 215 1ST AVE. SO. #3 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name: <u>JOANNE SANDRA GALO-GARNER</u> Street Address (P.O. Box Number is Not Acceptable): <u>1529 SW 32nd St</u> City: <u>Ft Lauderdale, FL</u> Zip Code: <u>33315</u>		
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: <u>Joanne Sandra Galo-Garner</u> <u>JOANNE SANDRA GALO-GARNER</u> <u>10/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <u>DIRECTOR</u> DATE					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GALO-GARNER, JOANNE S 215 1ST AVE. SO #3 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALO-GARNER, JOANNE SANDRA 1529 SW 32nd St Ft Lauderdale, FL 33315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, PAUL C 215 1ST AVE. SO #3 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, PAUL C 1529 SW 32nd St Ft Lauderdale, FL 33315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, BETH 215 1ST AVE. SO #3 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Joanne Sandra Galo-Garner</u> <u>JOANNE SANDRA GALO-GARNER</u> <u>10/25/04</u> <u>954-462-0585</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>DIRECTOR</u> Date Daytime Phone #					