2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000897

1. Entity Name
CHILDRENS MUSICAL THEATRE WORKSHOP INC.

Principal Place of Business	Mailing Address
533 N. NOVA RD, UNIT 103 ORMOND BEACH, FL 32174	110 E GRANADA BLVD, STE 104 ORMOND BEACH, FL 32176

02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3364185
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, CYNTHIA V
357 TIMBER RUN
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PDE
NAME	MARTINEZ, ANTHONY J
STREET ADDRESS	130 SHADY BRANCH TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VPE
NAME	ZEOLI, DEBORAH
STREET ADDRESS	214 LOOMIS AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 32114
TITLE	PA
NAME	MARTINEZ, BRENDA L
STREET ADDRESS	130 SHADY BRANCH
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	TURBIN, MICHELE
STREET ADDRESS	8 BARCELONA TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	PD
NAME	JACKSON, MICHAEL
STREET ADDRESS	2 ST CHARLES PLACE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	T
NAME	MOSSER, NANCY JO
STREET ADDRESS	1108 ST AUGUSTINE RD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

U00000439336
03/02/06 00023-011 61.25

DO NOT WRITE IN THIS SPACE

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: Nancy Jo Mosser Treasurer 2/15/06 386-673-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nancy Jo Mosser