

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000897

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHILDRENS MUSICAL THEATRE WORKSHOP INC.

Current Principal Place of Business:

533 N. NOVA RD, UNIT 103
ORMOND BEACH, FL 32174

New Principal Place of Business:

599 N. US1
ORMOND BEACH, FL 32174

Current Mailing Address:

102 EAST GRANADA BLVD
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3364185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, CYNTHIA V
357 TYMBER RUN
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Title: PDE () Delete
Name: CAMPANELLA, JENNIFER
Address: 113 ROBLE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPE () Delete
Name: BILINSKI, CARMEN
Address: 17 MARJORIE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: TURBIN, MICHELE
Address: 8 BARCELONA TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: JACKSON, MICHAEL
Address: 2 ST CHARLES PLACE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Delete
Name: MOSSER, NANCY JO
Address: 1108 ST AUGUSTINE RD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY JO MOSSER

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date