

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000897

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** CHILDRENS MUSICAL THEATRE WORKSHOP INC.

**Current Principal Place of Business:**

599 N. US1  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**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:** PRES  
**Name:** CAMPANELLA, JENNIFER  
**Address:** 113 ROBLE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** NANCY JO MOSSER

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01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date