


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004364	
1. Entity Name THE ACTORS' PROJECT THEATRE COMPANY, INC.	

Principal Place of Business 2810 RIVERSIDE DRIVE, #204 CORAL SPRINGS, FL 33065	Mailing Address 2810 RIVERSIDE DRIVE, #204 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



03012003 No Chg-NP CR2E037 (10/03)

4. FCI Number 65-0852143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSTON, DARRYL W 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE, FL 34601
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**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 _____ <small>Signature typed or printed name of registered agent and the 4 app can o. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS ADJAN, IRENE S 2810 RIVERSIDE DRIVE, #204 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LONDON, AMY 1740 SW 119TH TERR DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKEEVER, MICHAEL 3475 SOUTHWOOD COURT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADLEY-CHEDA, GIA 1519 N. 46TH AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TARALLO, BARRY 9230 LAGOON PL, #104 FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000159421
05/10/04-80029-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <i>Irene Adjan</i> <i>Irene Adjan</i> <i>4/30/04</i> <i>340-1614</i>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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