

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007363

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE FRENZIE LIFE THEATRE, INC

Current Principal Place of Business:

1011 PLEASANT PINE CT
VALRICO, FL 33596 US

New Principal Place of Business:

Current Mailing Address:

1011 PLEASANT PINE CT
VALRICO, FL 33596 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, BEVERLY B
1011 PLEASANT PINE CT
VALRICO, FL 33596 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: P () Delete
Name: MERCER, MICHAEL M
Address: 1011 PLEASANT PINE CT
City-St-Zip: VALRICO, FL 33596

Title: D () Delete
Name: MERCER, BEVERLY B
Address: 1011 PLEASANT PINE CT
City-St-Zip: TAMPA, FL 33596

Title: D () Delete
Name: TAMMY, MODICA C
Address: 6221 WATERMARK DR, APT 204
City-St-Zip: RIVERVIEW, FL 33578

Title: D () Delete
Name: STEPHEN, COSGROVE A
Address: 403 SKYWOOD DR
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: AMARAL, PEDRO
Address: 1801 QUAILS NEST DR #103
City-St-Zip: BRANDON, FL 33510

Title: D (X) Change () Addition
Name: COSGROVE, STEPHEN A
Address: 403 SKYWOOD DR
City-St-Zip: VALRICO, FL 33594

Title: D () Change (X) Addition
Name: HOLMES, DONI
Address: 10211 SPAINSH BREEZE CT
City-St-Zip: RIVERVIEW, FL 33578

Title: D () Change (X) Addition
Name: WEBER, SUSAN
Address: 3205 MAYDELL DR
City-St-Zip: TAMPA, FL 33619

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: BEVERLY B MERCER

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date