# 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

**DOCUMENT# 711080** 

Entity Name: SPANISH LYRIC THEATRE, INC.

Jan 29, 2015 **Secretary of State** CC8878500610

**FILED** 

## **Current Principal Place of Business:**

6402 OLYMPIA AVE TAMPA, FL 33634

## **Current Mailing Address:**

6402 OLYMPIA AVE TAMPA, FL 33634 US

FEI Number: 23-7009336 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

WADLEY, MARILYN J 6402 OLYMPIA AVE TAMPA, FL 33634 US

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: MARILYN WADLEY 01/29/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

Name WADLEY, MARILYN Name VALLEE, DIANE

6402 OLYMPIA AVE 7024 NO OREGON AVE Address Address

City-State-Zip: TAMPA FL 33604 TAMPA FL 33634 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name HENSLEY, SHELIA GONZALEZ, PATRICIA Name Address 1203 E CRAWFORD ST Address 14513 BRENTWOOD DR

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33618

Title DIRECTOR Title **DIRECTOR** 

Name PASETTI, MARIA L DORNBLASER, CYNDEE Name Address 4902 BAYSHORE BLVD

Address 5111 NO BRANCH AVE 405

TAMPA FL 33603 City-State-Zip: **TAMPA FL 33611** City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name TRZCINSKI, MARY Name BAXTER, DEREK Address 19202 LAKE ALLEN ROAD

Address 1121 GULF OAKS DR

City-State-Zip: LUTZ FL 33558 TARPON SPRINGS FL 34689 City-State-Zip:

#### Continues on page 2

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.

01/29/2015 SIGNATURE: MARILYN WADLEY **REG AGT** 

Electronic Signature of Signing Officer/Director Detail

Date

Date

### Officer/Director Detail Continued:

Title DIRECTOR

Name BEACH, BRIAN

Address 4204 SUMMERDALE DR

City-State-Zip: TAMPA FL 33624

Title DIRECTOR

Name LOBATO, NORMA

Address 3124 WEST TAMPA BAY BLVD

City-State-Zip: TAMPA FL 33607

Title DIRECTOR

Name ST JOHN, PAMELA

Address 15616 FARNSWORTH LANE

City-State-Zip: TAMPA FL 33624

Title DIRECTOR

Name BEACH, SHARYN

Address 4204 SUMMERDALE DR

City-State-Zip: TAMPA FL 33624

Title DIRECTOR

Name MATHEWS, MIKE

Address 5611 GOLDFISH ST

City-State-Zip: LUTZ FL 33558