

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003471

Entity Name: WINTHROP ARTS , INC

Current Principal Place of Business:

11267 WINTHROP MAIN STREET
RIVERVIEW, FL 33578

Current Mailing Address:

867 W. BLOOMINGDALE AVENUE
BOX 6301
BRANDON, FL 33508 US

FEI Number: 45-1543450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, JOHN E
11135 WINTHROP MARKET STREET
RIVERVIEW, FL 33578 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD MEMBER, EXECUTIVE
DIRECTOR
Name MARTINEZ, BRYANT
Address 6121 CASTLETON HOLLOW ROAD
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name MULERO, MARTA
Address 11026 POND PINE DRIVE
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR
Name TORRES, MARY
Address 1004 S EVERS ST
City-State-Zip: PLANT CITY FL 33563

Title TREASURER
Name DAVIS, TINA
Address 11203 WINTHROP LAKE DR
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name NIEVES, CHRISSY
Address 11164 KEYSTONE TAVERN LN
City-State-Zip: RIVERVIEW FL 33578

Title SECRETARY
Name MAIDEN, STEPHANIE
Address 5904 FALCONPARK COURT
City-State-Zip: LITHIA FL 33547

Title DIRECTOR
Name MAIDEN, JACOB
Address 5904 FALCONPARK COURT
City-State-Zip: LITHIA FL 33547

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: TINA DAVIS

TREASURER

05/10/2024

Electronic Signature of Signing Officer/Director Detail

Date