

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010604

Entity Name: WDM THEATRE CORP.**Current Principal Place of Business:**13506 SUMMERPORT VILLAGE PARKWAY, STE 331
WINDERMERE, FL 34786**Current Mailing Address:**13506 SUMMERPORT VILLAGE PARKWAY, STE 331
WINDERMERE, FL 34786 US**FEI Number:** 92-0372198**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLS, HAROLD
13506 SUMMERPORT VILLAGE PARKWAY, STE 331
WINDERMERE, FL 34786 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	D
Name	MILLS, HAROLD
Address	13506 SUMMERPORT VILLAGE PARKWAY, STE 331
City-State-Zip:	WINDERMERE FL 34786

Title	D
Name	MILLS, ROSA
Address	13506 SUMMERPORT VILLAGE PARKWAY, STE 331
City-State-Zip:	WINDERMERE FL 34786

Title	D
Name	MILLS, VANESSA
Address	13506 SUMMERPORT VILLAGE PARKWAY, STE 331
City-State-Zip:	WINDERMERE FL 34786

Title	D
Name	MILLS, MAYA
Address	13506 SUMMERPORT VILLAGE PARKWAY, STE 331
City-State-Zip:	WINDERMERE FL 34786

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: HAROLD MILLS**DIRECTOR****04/12/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date