

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707131

Entity Name: FLORIDA THEATRE CONFERENCE, INC.

FILED
Jan 22, 2004
Secretary of State

Current Principal Place of Business:

1905 N PARK RD
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

1905 N PARK RD
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-6175037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANKROM, ROBERT E
1905 N PARK RD
HOLLYWOOD, FL 33021 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: MD () Delete
Name: PRESCOTT, ROB
Address: MANATEE PLYRS RIVERFRONT THR 102 OLD MAIN
City-St-Zip: BRADENTON, FL 34205

Title: VP () Delete
Name: VENEZIA, FRANK
Address: 5070 ALTON ROAD
City-St-Zip: MIAMI, FL 33140

Title: D () Delete
Name: COCKRELL, SANDRA
Address: 9063 NARCISSUS
City-St-Zip: SEMINOLE, FL

Title: STD () Delete
Name: BRITT, MARY
Address: 1701 SE 24TH ROAD
City-St-Zip: OCALA, FL

Title: PP () Delete
Name: WILSON, BENN
Address: CHR THR DEPT JACK UNIV 2800 UNIV BLVD N
City-St-Zip: JACKSONVILLE, FL 322113393

Title: D () Delete
Name: ANKROM, ROBERT E
Address: 1905 N PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY ANN BENTLEY

BD

01/22/2004

Electronic Signature of Signing Officer or Director

Date