2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 707131

Entity Name: FLORIDA THEATRE CONFERENCE, INC.

Current Principal Place of Business:

9022 41ST WAY N
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

Current Mailing Address:

9022 41ST WAY N
PINELLAS PARK, FL 33782 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
9022 41ST WAY N
PINELLAS PARK, FL 33782 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: ST ( ) Delete
Name: WHITE, DONNA
Address: GIBBS HIGH SCHOOL
City-St-Zip: TREASURER ISLAND, FL 33706

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: P ( ) Delete
Name: REVELS, JEFF
Address: 1001 E PRINCETON ST
City-St-Zip: ORLANDO, FL 32803

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 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: ROBERT E. ANKROM EXEC 01/26/2009
Electronic Signature of Signing Officer or Director Date