

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760194

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA PROFESSIONAL THEATRES ASSOCIATION, INC.

Current Principal Place of Business:

5600 NORTH FLAGLER DRIVE
UNIT 1410
W PALM BCH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 2922
W PALM BCH, FL 33402

New Mailing Address:

FEI Number: 59-2165556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SHERRON
5600 N FLAGLER DRIVE
UNIT 1410
W PALM BCH, FL 33407 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: PD () Delete
Name: MALIZIA, LESTER
Address: 176 N BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPD () Delete
Name: ARISCO, DAVID
Address: 280 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: BARNETT, NANCY
Address: 262 SOUTH OCEAN BLVD
City-St-Zip: MANALAPAN, FL 33462

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: TRUILO, JULIA
Address: 307 ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD (X) Change () Addition
Name: ARISCO, DAVID
Address: 280 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD (X) Change () Addition
Name: BARNETT, NANCY
Address: 262 SOUTH OCEAN BLVD
City-St-Zip: MANALAPAN, FL 33462

Title: COO () Change (X) Addition
Name: LONG, SHERRON
Address: 5600 N. FLAGLER DR., #1410
City-St-Zip: WEST PALM BEACH, FL 33407

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: SHERRON LONG

Electronic Signature of Signing Officer or Director

CCO

04/29/2005

Date