

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760194

FILED  
Apr 29, 2010  
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 M MS.  
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: VP  
Name: HAYES, WILLIAM MR.  
Address: 322 BANYAN BOULEVARD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: ARISCO, DAVID MR.  
Address: 280 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PRES  
Name: BARNETT, NANCY MS.  
Address: 262 SOUTH OCEAN BLVD  
City-St-Zip: MANALAPAN, FL 33462

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

Title: TREA  
Name: MOSES, JON MR.  
Address: 3250 RIVERSIDE PARK DRIVE  
City-St-Zip: VERO BEACH, FL 32963

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: SHERRON LONG

COO

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date