

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010939

FILED
Mar 20, 2012
Secretary of State

Entity Name: THE LABORATORY THEATER OF FLORIDA, INC.

Current Principal Place of Business:

8720 CHATHAM ST.
FT. MYERS, FL 33907 US

New Principal Place of Business:

1634 WOODFORD AVE.
FT. MYERS, FL 33901 US

Current Mailing Address:

8720 CHATHAM ST.
FT. MYERS, FL 33907 US

New Mailing Address:

P.O. BOX 334
FT. MYERS, FL 33902 US

FEI Number: 27-0526903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROSSBACH, ANNETTE
8720 CHATHAM ST.
FT. MYERS, FL 33907 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: P
Name: TROSSBACH, ANNETTE
Address: 8720 CHATHAM ST.
City-St-Zip: FT. MYERS, FL 33907 US

Title: VP
Name: WIGGLESWORTH, LOUISE
Address: 2090 W. 1ST ST., #606
City-St-Zip: FT. MYERS, FL 33901 US

Title: S
Name: RIZLEY, NICOLE J
Address: 2730 2ND ST.
City-St-Zip: FT. MYERS, FL 33916 US

Title: T
Name: RAMSEY, GIULIA
Address: 1560 MARAVILLA AVE
City-St-Zip: FT. MYERS, FL 33901 US

Title: D
Name: PEREZ, GILBERTO ESQ
Address: 408 NE 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D
Name: KASHI, RANDY
Address: 15840 CATALPA COVE DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

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: ANNETTE TROSSBACH

CEO

03/20/2012

Electronic Signature of Signing Officer or Director

Date