

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005723

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** THE TAMPA REPERTORY THEATRE, INC.

**Current Principal Place of Business:**

809 EAST FLORA STREET  
TAMPA, FL 336044928

**New Principal Place of Business:**

217 WEST POWHATAN AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

809 EAST FLORA STREET  
TAMPA, FL 336044928

**New Mailing Address:**

217 WEST POWHATAN AVENUE  
TAMPA, FL 33604

**FEI Number:** 45-2408329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANKEL, C. DAVID  
37330 HICKORY HILL LANE  
DADE CITY, FL 33525 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  
Name: FRANKEL, C. DAVID  
Address: 37330 HICKORY HILL LANE  
City-St-Zip: DADE CITY, FL 33525

Title: TD  
Name: AVERILL-SNELL, NED  
Address: 217 WEST POWHATAN AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: D  
Name: SARGENT, EMILIA  
Address: 16701 SHEFFIELD PARK DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: COWLEY, SHEILA  
Address: PO BOX 10112  
City-St-Zip: TAMPA, FL 33679

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: C. DAVID FRANKEL

PD

04/24/2012

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

\_\_\_\_\_  
Date