

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008650

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** WE THE PEOPLE THEATRICAL ARTS INITIATIVE, INC.

**Current Principal Place of Business:**

1125 NW 36TH AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

1125 NW 36TH AVE  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 45-3355581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALDERSON, KIMBERLEY  
18001 NW 55 PLACE  
ALACHUA, FL 32615 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: PHOENIX, LIBERTY  
Address: 1125 NW 36TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: S  
Name: GANAS, AARON  
Address: 1125 NW 36TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D  
Name: FOSTER, BETSY  
Address: 1125 NW 36TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D  
Name: LORD, ANDY  
Address: 1125 NW 36TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: T  
Name: ALDERSON, KIMBERLEY  
Address: 18001 NW 55 PLACE  
City-St-Zip: ALACHUA, FL 32615

Title: D  
Name: BYAM, LAURETTA  
Address: 1125 NW 36TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

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:** KIMBERLEY ALDERSON

T

03/30/2012

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

\_\_\_\_\_  
Date