

CORPORATION  
ANNUAL REPORT  
1994-1995



FLORIDA DEPARTMENT OF STATE  
JANUARY 1995  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

93 MAY - 1 AM 9:05

STATE OF FLORIDA

1. Corporation Name: **Local 412, Manatee and Sarasota County, International Alliance of Theatrical Stage Employees** DOCUMENT # **N12673**

Mailing Address: ~~442 N. Shore Dr.~~ P.O. Drawer Q Sarasota, FL 34230-4605  
Principal Place of Business: ~~442 N. Shore Dr.~~ P.O. Drawer Q Sarasota, FL 34230-4605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1985** 3a. Date of Last Report: **4/13/1994**  
4. FCI Number: **59-2710633** Applied For:  Not Applicable  
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**   
6. Election Campaign Financing Trust Fund Contribution:   
7. Nonprofit Exempt from \$138.75 Supplemental Fee: **XX** \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes:  YES  NO

2. Mailing Address: **P.O. DRAWER Q** 2b. Principal Place of Business: **2200 MIETAW DR**  
21. Subst. Apt. # etc.: Subst. Apt. # etc.:  
22. City & State: **SARASOTA FLA.** 27. City & State: **SARASOTA FLA.**  
23. Zip: **34230-4605** Country: 28. Zip: **34239** Country:  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent: **Drake, J. Kevin, Esquire**  
**1343 Main St., Ste. 204**  
**Sarasota, FL 34236**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0902 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:

1. NAME	<b>D</b>
2. NAME	<b>Petlock, Martin R.</b>
3. STREET ADDRESS	<b>442 N. Shore Dr.</b>
4. CITY & STATE	<b>Sarasota, FL</b>
5. NAME	<b>P/D</b>
6. NAME	<b>Wilson, John M.</b>
7. STREET ADDRESS	<b>5290 Avenida Navarra</b>
8. CITY & STATE	<b>Siesta Key, FL</b>
9. NAME	<b>S</b>
10. NAME	<b>Atkins, William V.</b>
11. STREET ADDRESS	<b>15 Crossroads Center, Ste. 228</b>
12. CITY & STATE	<b>Sarasota, FL</b>
13. NAME	<b>V</b>
14. NAME	<b>Barham, Patricia</b>
15. STREET ADDRESS	<b>P.O. Box 5909 N/A</b>
16. CITY & STATE	<b>Bradenton, FL</b>
17. NAME	<b>D</b>
18. NAME	<b>Noble, Mark</b>
19. STREET ADDRESS	<b>P.O. Box 181 N/A</b>
20. CITY & STATE	<b>Sarasota, FL</b>
21. NAME	<b>T</b>
22. NAME	<b>Weinstein, Josh</b>
23. STREET ADDRESS	<b>2905 Hillview St.</b>
24. CITY & STATE	<b>Sarasota, FL</b>

13. CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME	<b>D</b>
2. NAME	<b>SLATTERY, BRYAN</b>
3. STREET ADDRESS	<b>2200 MIETAW DR</b>
4. CITY & STATE	<b>SARASOTA, FLA. 34239</b>
5. NAME	<b>P/D</b>
6. NAME	<b>WILSON, JOHN M.</b>
7. STREET ADDRESS	<b>4879 COMMONWEALTH DR</b>
8. CITY & STATE	<b>SARASOTA, FLA.</b>
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. NAME	<b>T</b>
22. NAME	<b>SORENSEN II, ROY A.</b>
23. STREET ADDRESS	<b>951 SUNRIDGE WAY</b>
24. CITY & STATE	<b>SARASOTA FLA. 34234</b>

14. I hereby certify that the information supplied with this report is true, correct and complete and I am not aware of any information that would cause me to believe that the information supplied is incorrect or incomplete. I further certify that the information furnished in this report is not a copy of information previously furnished to the Secretary of State and that the signatures shall have the same legal effect as if made under oath. That a copy of this report and the information contained therein is being furnished to the Secretary of State and that the same appears in Block 12 or Block 13 of the annual report or any other report filed with me.

SIGNATURE: *John M. Wilson* **JOHN M. WILSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 **813-346-0233**