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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12673 (2)

1. Corporation Name
LOCAL 412, MANATEE AND SARASOTA COUNTY, INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND



Principal Place of Business P.O. DRAWER 0 SARASOTA FL 34230-4805	Mailing Address 1855 ORCHID STREET SARASOTA FL 34239 04
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3. Date Incorporated or Qualified
12/20/1985

4. FEI Number 59-2710633	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DRAKE, J KEVIN, ESQUIRE
1343 MAIN ST, STE 204
SARASOTA FL 34238**

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 617.0502 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SLATTERY, BRYAN
STREET ADDRESS	1855 ORCHID ST
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	PD <input type="checkbox"/> DELETE
NAME	WILSON, JOHN M.
STREET ADDRESS	4879 COMMONWEALTH DR.
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	S <input type="checkbox"/> DELETE
NAME	ATKINS, WILLIAM V
STREET ADDRESS	2155 MAGNOLIA ST
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BARHAM, PATRICIA
STREET ADDRESS	P.O. BOX 5909 N/A
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NOBLE, MARK
STREET ADDRESS	P.O. BOX 181 N/A
CITY-ST-ZIP	SARASOTA FL 34230
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SORENSEN, ROY A. II
STREET ADDRESS	851 SUNRIDGE WAY
CITY-ST-ZIP	SARASOTA FL 34234

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V Petlock, Hilare Ann
4.3 STREET ADDRESS	442 North Shore Drive
4.4 CITY-ST-ZIP	Sarasota FL 34234
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Waters-Atkins, Jo Ann E.
6.3 STREET ADDRESS	2155 Magnolia Street
6.4 CITY-ST-ZIP	Sarasota, Florida 34239

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOHN M. WILSON** 2/17/98 991-346-0233

CR2E037 (10/97)