


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N12673

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



Principal Place of Business
P.O. BOX 1307
TALLEVAST, FL 34270-1307

Mailing Address
P.O. BOX 1307
TALLEVAST, FL 34270-1307



01142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2710633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN ESQ
1432 1ST STREET
SARASOTA, FL 34236

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, ROY 3729 GOCIO RD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLENDZ-ZOPPE, TINO 3650 HENRIETTA PLACE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, T. SCOTT 1231 13TH STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERBIL, MICHAEL 4912 SEVILLE DR SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, FRANK 1674 UNIVERSITY PKWY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, MATTHEW 240 AMHERST AVE SARASOTA, FL 34232

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01/22/04-80017-025 61.25

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12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Scott Long 1/15/04 941-365-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #