

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90030 037 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2710633 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01102006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent DRAKE, J. KEVIN ESQ 1432 1ST STREET SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, ROY <input type="checkbox"/> Delete 3729 GOCIO RD SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLEDA-ZOPPE, TINO <input type="checkbox"/> Delete 3650 HENRIETTA PLACE SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, T. SCOTT <input checked="" type="checkbox"/> Delete 1231 13TH STREET SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bruski, Jeffrey S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 Cypress Wood Ln Sarasota, Fl 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERBIL, MICHAEL <input type="checkbox"/> Delete 4912 SEVILLE DR SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, FRANK <input checked="" type="checkbox"/> Delete 1674 UNIVERSITY PKWY SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earl Schmidt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3460 Henrietta Place Sarasota, Fl 34234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, MATTHEW <input checked="" type="checkbox"/> Delete 240 AMHERST AVE SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Emil Goetschi, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 173 Sarasota, FL 34230	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Emil Goetschi, Jr</u> Emil Goetschi, Jr 2-6-06 941-685-2840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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