


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**

**60018838**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01102006 Chg-NP CR2E037 (11/05)

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**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SORENSEN, ROY</b> <b>3729 GOCIO RD</b> <b>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WALLEENDA-ZOPPE, TINO</b> <b>3650 HENRIETTA PLACE</b> <b>SARASOTA, FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LONG, T. SCOTT</b> <b>1231 13TH STREET</b> <b>SARASOTA, FL 34236</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VERBIL, MICHAEL</b> <b>4912 SEVILLE DR</b> <b>SARASOTA, FL 34235</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, FRANK</b> <b>1674 UNIVERSITY PKWY</b> <b>SARASOTA, FL 34243</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PARKER, MATTHEW</b> <b>240 AMHERST AVE</b> <b>SARASOTA, FL 34232</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>D</b> <b>Earl Schmidt</b> <b>3460 Henrietta Place</b> <b>Sarasota, Fl 34234</b>	
		<b>T</b> <b>Emil Goetschi, Jr.</b> <b>P.O. Box 173</b> <b>Sarasota, FL 34230</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Emil Goetschi, Jr* **Emil Goetschi, Jr** 2-6-06 941-685-2840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #