




**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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
DO NOT WRITE IN THIS SPACE		
		 01102007 No Chg-NP CR2E037 (4/06)
		4. FEI Number 59-2710633
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DRAKE, J. KEVIN ESQ 1432 1ST STREET SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BRUSKI, JEFFREY S 909 CYPRESS WOOD LN SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VERBIL, MICHAEL 4912 SEVILLE DR SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, EARL 3460 HENRIETTA PLACE SARASOTA, FL 34234	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOETACHI, EMIL JR 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 119, 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: 		1-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #