

**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
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2710633</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ 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, 2007**

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 WALLEENDA-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

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 02/13/07-80003-011 61.25

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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:** Emil Goetachi Jr **1-28-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #