

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 005 ****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

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP

CR2E037 (4/06)

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

Tino Wallenda - Zoppe
3650 Henrietta Place
Sarasota, FL 34234

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORENSEN, ROY
STREET ADDRESS	3729 GOCIO RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	PD
NAME	WALLEDA-ZOPPE, TINO
STREET ADDRESS	3650 HENRIETTA PLACE
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	S
NAME	BRUSKI, JEFFREY S
STREET ADDRESS	909 CYPRESS WOOD LN
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	V
NAME	VERBIL, MICHAEL
STREET ADDRESS	4912 SEVILLE DR
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D
NAME	SCHMIDT, EARL
STREET ADDRESS	3460 HENRIETTA PLACE
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	T
NAME	GOETACHI, EMIL JR
STREET ADDRESS	P.O. BOX 173
CITY-ST-ZIP	SARASOTA, FL 34230

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINO WALLEDA-ZOPPE, 1-25-2008 941 355-4773

Date

Daytime Phone # 4773