

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 12, 2012  
Secretary of State**

DOCUMENT# N12673

**Entity Name:** LOCAL 412, MANATEE AND SARASOTA COUNTY, INTERNATIONAL ALLIANCE OF THEATRICAL  
STAGE EMPLOYEES AND MOVING PICTURE OPERATORS OF THE UNITED STATES AND CANADA,  
INC.**Current Principal Place of Business:**3650 HENRIETTA PLACE  
SARASOTA, FL 34234 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1307  
TALLEVAST, FL 342701307 US**New Mailing Address:****FEI Number:** 59-2710633**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WALLENDZ-ZOPPE, TINO  
3650 HENRIETTA PLACE  
SARASOTA, FL 34234 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SORENSEN, ROY  
Address: 3729 GOCIO RD  
City-St-Zip: SARASOTA, FL 34232 US

Title: PD  
Name: WALLENDZ-ZOPPE, TINO  
Address: 3650 HENRIETTA PLACE  
City-St-Zip: SARASOTA, FL 34234 US

Title: S  
Name: CANNON, RICHARD  
Address: 2920 BAYSHORE CIRCLE  
City-St-Zip: SARASOTA, FL 34234 US

Title: T  
Name: GOETSCHI, EMIL JR  
Address: P.O. BOX 26  
City-St-Zip: GIBSONTONT, FL 33534 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMIL GOETSCHI

T

11/12/2012

Electronic Signature of Signing Officer or Director

Date