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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N51356

1. Corporation Name

THE LOOKING GLASS THEATRE INC.

Principal Place of Business

11115 N DALE MABRY HWY
 TAMPA FL 33618
 US

Mailing Address

11115 N DALE MABRY HWY
 TAMPA FL 33618
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/15/1992

4. FEI Number

59-3138244

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

WHITTINGTON, SHERI
 16226 FANTASIA DR
 TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME WHITTINGTON, SHERI
 STREET ADDRESS 16226 FANTASIA DR
 CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE D
 NAME YOUNG, MICHELE
 STREET ADDRESS 4650 BAYCREST DR
 CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE

TITLE VPD
 NAME SCARIO, MARY JO
 STREET ADDRESS 13911 SHADY SHORES DR
 CITY-ST-ZIP TAMPA FL 33613 ☐ DELETE

TITLE D
 NAME BRACEWELL, LOREN
 STREET ADDRESS 5003 CASTILLE PL APT 196
 CITY-ST-ZIP TAMPA FL 33617 ☐ DELETE

TITLE TD
 NAME MULLER, KIM
 STREET ADDRESS 10114 LINDELMAN DR
 CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE SD
 NAME GEIGER, RICHARD
 STREET ADDRESS 6814 MITCHELL CIR
 CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Vice President & Director
 SCARIO, MARY JO
 13911 Shady Shores Dr. (SCANIO)
 Tampa, FL 33613

LINDELMAN

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-25-99 813-969-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)