

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002404

FILED
Apr 28, 2009
Secretary of State

Entity Name: ENCORE THEATRE, INC.

Current Principal Place of Business:

3413 S. OMAR AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3413 S. OMAR AVE.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3199205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREU, TIMOTHY A
100 S ASHLEY DR
TAMPA, FL 33602 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: PD () Delete
Name: ALDENE, GRETA
Address: C/O 3413 S. OMAR AVE.
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: GRIFFIN, JUDITH
Address: 3301 BAYSHORE, UNIT 408
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: ANDREU, TIMOTHY
Address: 100 SOUTH ASHLEY DR
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: CUNNINGHAM, COLLEEN
Address: 206 N. NEW JERSEY ST.
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: MENENDEZ, LIZ
Address: 4828 BAY VILLA
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GRETA ALDENE

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date