


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90102 006 ****61.25

DOCUMENT # N97000006199

1. Entity Name
LATHROP THEATRE PROJECT, INC.



Principal Place of Business
LATHROP THEATRE PROJECT, INC.
SANFORD, FL 32771

Mailing Address
1707 BELL ST
SANFORD, FL 32771

50057550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3506802

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LATHROP, ALTON 1707 BELL ST. SANFORD, FL 32771		Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	

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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTON LATHROP			NAME			
STREET ADDRESS	1707 BELL ST			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, CYNTHIA H			NAME			
STREET ADDRESS	417 E. 2ND ST.			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32772			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRYE, EVOLA			NAME			
STREET ADDRESS	1016 LOCUST AVE			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32772			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REFOE, ANNIE L			NAME			
STREET ADDRESS	SEMINOLE COMM. COLLEGE, 100 WELDON BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 327736199			CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, DR. STEPHEN C			NAME			
STREET ADDRESS	SEMINOLE COMM. COLLEGE, 100 WELDON BLVD			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 327736199			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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: *Alton Lathrop* **7/18/05** **407 324-2786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #