

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2008
Secretary of State

DOCUMENT# N97000006199

Entity Name: LATHROP THEATRE PROJECT, INC.

Current Principal Place of Business:

LATHROP THEATRE PROJECT, INC.
SANFORD, FL 32771

New Principal Place of Business:

LATHROP THEATRE PROJECT, INC.
1707 BELL STREET
SANFORD, FL 32771

Current Mailing Address:

1707 BELL ST
SANFORD, FL 32771

New Mailing Address:

LATHROP THEATRE PROJECT, INC.
1707 BELL STREET
SANFORD, FL 32771

FEI Number: 59-3506802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LATHROP, ALTON
1707 BELL ST.
SANFORD, FL 32771 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: ALTON LATHROP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALTON LATHROP,
Address: 1707 BELL ST
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: SMITH, CYNTHIA H
Address: 417 E. 2ND ST.
City-St-Zip: SANDFORD, FL 32772

Title: TD () Delete
Name: FRYE, EVOLA
Address: 1016 LOCUST AVE
City-St-Zip: SANFORD, FL 32772

Title: SD () Delete
Name: REFOE, ANNYE L
Address: SEMINOLE COMM. COLLEGE, 100 WELDON BLVD.
City-St-Zip: SANFORD, FL 327736199

Title: ASD () Delete
Name: WRIGHT, DR. STEPHEN C
Address: SEMINOLE COMM. COLLEGE, 100 WELDON BLVD
City-St-Zip: SANFORD, FL 327736199

Title: PD () Delete
Name: LATHROP, ALTON
Address: 1707 BELL STREET
City-St-Zip: SANFORD, FL 32771

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:

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: ALTON LATHROP

PD

10/25/2008

Electronic Signature of Signing Officer or Director

Date