

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006199

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** LATHROP THEATRE PROJECT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3506802      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: ALTON LATHROP

PD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date