2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006199

FILED Apr 23, 2012 Secretary of State

Entity Name: LATHROP THEATRE PROJECT, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LATHROP, ALTON 1707 BELL ST.

SANFORD, FL 32771 US

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 04/23/2012