

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007512

FILED
Jun 09, 2009
Secretary of State

Entity Name: WESTCOAST BLACK THEATRE TROUPE OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 1086
SARASOTA, FL 34230

New Principal Place of Business:

426 PARTRIDGE CIRCLE
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 1086
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-1040662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBS, NATHANIEL
1045 COCOANUT AVENUE
STE. 307
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SHELTON, MICHAEL
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 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: MICHAEL J SHELTON

06/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FAD () Delete
Name: JACOBS, NATHANIEL LEE
Address: 8051 TAMiami TrL. N. STE C
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: GORDON, BILL
Address: 3962 COUNTRY VIEW DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: GORDON, JUNE
Address: 3962 COUNTRY VIEW DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: AS () Delete
Name: JACQUE, RAY
Address: 5679 EASTWIND DR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: MASK, BARBARA
Address: 8652 WOODBRIAR DR
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: COLEMAN, AUDREY
Address: 7133 DORNAUGH LANE
City-St-Zip: BRADENTON, FL 34202

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
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City-St-Zip:

Title: () Change () Addition
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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: NATE JACOBS

D

06/09/2009

Electronic Signature of Signing Officer or Director

Date