

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 22, 2010
Secretary of State**

DOCUMENT# N99000007512

Entity Name: WESTCOAST BLACK THEATRE TROUPE OF FLORIDA, INC.**Current Principal Place of Business:**426 PARTRIDGE CIRCLE
SARASOTA, FL 34236**New Principal Place of Business:****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:**SHELTON, MICHAEL
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 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: P
Name: MILLMAN, HOWARD J
Address: 229 N. WASHINGTON DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: S
Name: HICKS, SAMUEL
Address: 5589 FORESTER LAKE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D
Name: JENNINGS, CHRISTINE
Address: 988 BLVD OF THE ARTS #510
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: JACOBS, NATE
Address: 446 S. PELICAN DR
City-St-Zip: SARASOTA, FL 34237

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: CHRISTINE JENNINGS

D

07/22/2010

Electronic Signature of Signing Officer or Director

Date