

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007512

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

1646 10TH WAY
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:

JENNINGS, CHRISTINE
1343 MAIN ST
SUITE 300
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: LEACH, JULIE
Address: 5315 HIDDEN HARBOR RD.
City-St-Zip: SARASOTA, FL 34242

Title: S
Name: ROSARIO, MIKE
Address: 1815 OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34239

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

Title: VP
Name: KURLAND, ALAN
Address: 628 MOURNING DOVE DRIVE
City-St-Zip: SARASOTA, FL 34236

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

01/05/2012

Electronic Signature of Signing Officer or Director

Date