

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711080

**Entity Name:** SPANISH LYRIC THEATRE, INC.**Current Principal Place of Business:**6402 OLYMPIA AVE  
TAMPA, FL 33634**Current Mailing Address:**6402 OLYMPIA AVE  
TAMPA, FL 33634 US**FEI Number:** 23-7009336**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WADLEY, MARILYN J  
6402 OLYMPIA AVE  
TAMPA, FL 33634 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:** MARILYN WADLEY

01/07/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            WADLEY, MARILYN  
Address        6402 OLYMPIA AVE  
City-State-Zip: TAMPA FL 33634

Title            DIRECTOR  
Name            VALLEE, DIANE  
Address        7024 NO OREGON AVE  
City-State-Zip: TAMPA FL 33604

Title            DIRECTOR  
Name            GONZALEZ, PATRICIA  
Address        14513 BRENTWOOD DR  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            HENSLEY, SHEILA  
Address        1203 E CRAWFORD ST  
City-State-Zip: TAMPA FL 33603

Title            DIRECTOR  
Name            DORNBLASER, CYNDEE  
Address        5111 NO BRANCH AVE  
City-State-Zip: TAMPA FL 33604

Title            DIRECTOR  
Name            PASETTI, MARIA L  
Address        3217 ARCH ST  
City-State-Zip: TAMPA FL 33609

Title            DIRECTOR  
Name            TRZCINSKI, MARY  
Address        19202 LAKE ALLEN ROAD  
City-State-Zip: LUTZ FL 33558

Title            DIRECTOR  
Name            BAXTER, DEREK  
Address        1121 GULF OAKS DR  
City-State-Zip: TARPON SPRINGS FL 34689

**Continues on page 2**

*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:** MARILYN WADLEY

REG AGT

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BEACH, BRIAN  
Address 4204 SUMMERDALE DR  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name LOBATO, NORMA  
Address 3124 WEST TAMPA BAY BLVD  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name ST JOHN, PAMELA  
Address 15616 FARNSWORTH LANE  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name BEACH, SHARYN  
Address 4204 SUMMERDALE DR  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name MATHEWS, MIKE  
Address 5611 GOLDFISH ST  
City-State-Zip: LUTZ FL 33558