

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12673

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC8413314047**

**Entity Name:** LOCAL 412, MANATEE AND SARASOTA COUNTY,  
INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND  
MOVING PICTURE OPERATORS OF THE UNITED STATES AND CANADA,  
INC.

**Current Principal Place of Business:**

3650 HENRIETTA PLACE  
SARASOTA, FL 34234

**Current Mailing Address:**

P.O. BOX 1307  
TALLEVAST, FL 34270-1307 US

**FEI Number: 59-2710633**

**Certificate of Status Desired: No**

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

WALLEDA-ZOPPE, TINO  
3650 HENRIETTA PLACE  
SARASOTA, FL 34234 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

**Officer/Director Detail :**

Title D  
Name SORENSEN, ROY  
Address 3729 GOCIO RD  
City-State-Zip: SARASOTA FL 34232

Title PD  
Name WALLEDA-ZOPPE, TINO  
Address 3650 HENRIETTA PLACE  
City-State-Zip: SARASOTA FL 34234

Title S  
Name CANNON, RICHARD  
Address 2920 BAYSHORE CIRCLE  
City-State-Zip: SARASOTA FL 34234

Title T  
Name GOETSCHI, EMIL JR  
Address P.O. BOX 26  
City-State-Zip: GIBSONTON FL 33534

*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: EMIL GOETSCHI**

**T**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date