

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000009302

**Entity Name:** LESBIAN THESPIANS INC

**Current Principal Place of Business:**

141 ALMAR DR  
WILTON MANORS, FL 33334

**Current Mailing Address:**

141 ALMAR DR  
WILTON MANORS, FL 33334 US

**FEI Number: 88-3728528**

**Certificate of Status Desired: No**

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

WARTENBERG, CAROL  
141 ALMAR DR  
WILTON MANORS,, FL 33334 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 COB  
Name WARTENBERG, CAROL  
Address 141 ALMAR  
City-State-Zip: WILTON MANORS FL 33334

Title VPF  
Name ISAACS, LEILA  
Address 7754 GRANVILLE DR  
City-State-Zip: TAMARAC FL 33321

Title MBR  
Name JAIN, LINDA  
Address 2824 NW 52ND CT  
City-State-Zip: TAMARAC FL 33309

Title MBR  
Name EPSTEIN, FRAN  
Address 3400 GALT OCEAN DR  
City-State-Zip: FT LAUDERDALE FL 33308

Title S  
Name LUNA, KARINA  
Address 2227 WILTON DRIVE  
City-State-Zip: FT LAUDERDALE FL 33305

Title P  
Name JAIN, LINDA  
Address 2824 NW 52ND CT  
City-State-Zip: TAMARAC FL 33309

Title VP  
Name EPSTEIN, FRAN  
Address 3400 GALT OCEAN DR  
City-State-Zip: FORT LAUDERDALE FL 33308

Title T  
Name LEAVITT, KAREN  
Address 1629 SE 2ND CT  
City-State-Zip: FT. LAUDERDALE FL 33301

*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: KAREN LEAVITT**

**TREASURER**

**02/18/2024**

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

\_\_\_\_\_  
Date