2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2023
Secretary of State
1134735032CC

DOCUMENT# N22000012061

Entity Name: INCLUSION THEATRE PROJECT CORP.

Current Principal Place of Business:

5701 SUNSET DRIVE
SUITE 286
SOUTH MIAMI, FL 33146

Current Mailing Address:

5701 SUNSET DRIVE
SUITE 286
SOUTH MIAMI, FL 33146

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANDA RODAZ, MARIA
5701 SUNSET DRIVE
SUITE 286
SOUTH MIAMI, FL 33146 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	CEO
Name	RODAZ, MARIA BANDA
Address	5701 SUNSET DRIVE, SUITE 286
City-State-Zip:	SOUTH MIAMI FL 33146

Title	OFFICER
Name	GIANCARLO, RODAZ
Address	5701 SUNSET DRIVE, SUITE 286
City-State-Zip:	SOUTH MIAMI FL 33146

Title	VC
Name	HERNANDEZ, ADRIANA
Address	8280 SW 144 ST
City-State-Zip:	MIAMI FL 33158

Title	TREASURER
Name	SALVADOR AMAYA, JUAN
Address	7350 SW 89TH ST. APT 2101
City-State-Zip:	MIAMI FL 33156

Title	OFFICER
Name	RODAZ, JOHN
Address	5701 SUNSET DRIVE, SUITE 286
City-State-Zip:	SOUTH MIAMI FL 33146

Title	CHAIRMAN
Name	BALES, BETTY
Address	2632 SW 110 CT
City-State-Zip:	MIAMI FL 33165

Title	SECRETARY
Name	ALCALA, MARILU
Address	12635 SW 67TH CT
City-State-Zip:	PINECREST FL 33156

Title	DIRECTOR
Name	PALMEIRO, TAMI
Address	11991 SW 103 TER
City-State-Zip:	MIAMI FL 33186

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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: MARIA BANDA-RODAZ EXECUTIVE DIRECTOR 03/03/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KEARNS-MASER, GIOVANNA
Address	6660 SW 69TH LANE
City-State-Zip:	MIAMI FL 33143

Title	DIRECTOR
Name	FERNANDEZ, NINOSKA
Address	36675 MIAMI AV APT 333 APT 333
City-State-Zip:	MIAMI FL 33133

Title	DIRECTOR
Name	PEREDA, VALENTINA
Address	9720 SW 73RD CT
City-State-Zip:	PINECREST FL

Title	DIRECTOR
Name	VIETA, VIVIAN
Address	6809 SW 106 CT
City-State-Zip:	MIAMI FL 33173