

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000152

Entity Name: THEATRE A LA CARTE, INC.**Current Principal Place of Business:**3718 ROCKBROOK CT
TALLAHASSEE, FL 32311**Current Mailing Address:**PO BOX 762
TALLAHASSEE, FL 32302 US**FEI Number:** 59-3138032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREESE, ROBERTA S
1710 BRUSH HILL RD
TALLAHASSEE, FL 32308 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	VP, TREASURER
Name	FREESE, ROBERTA
Address	1710 BRUSH HILL RD
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	COHEN, SARAH
Address	612 TALAFLO ST
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	RITTER, LACY
Address	PO BOX 762
City-State-Zip:	TALLAHASSEE FL 32302

Title	PRESIDENT
Name	FREESE, SCOTT M
Address	3718 ROCKBROOK CT
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	ADAMS, RACHAEL
Address	415 SAINT FRANCIS ST UNIT 122
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	NORRIS, ANNA
Address	PO BOX 762
City-State-Zip:	TALLAHASSEE FL 32302

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: SCOTT FREESE**PRESIDENT****04/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date