

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

DOCUMENT# N97000006199

**FILED**  
**Apr 27, 2013**  
**Secretary of State**  
**CC7962166680**

**Entity Name:** LATHROP THEATRE PROJECT, INC.

**Current Principal Place of Business:**

LATHROP THEATRE PROJECT, INC.  
1707 BELL STREET  
SANFORD, FL 32771

**Current Mailing Address:**

LATHROP THEATRE PROJECT, INC.  
1707 BELL STREET  
SANFORD, FL 32771

**FEI Number:** 59-3506802

**Certificate of Status Desired:** No

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

LATHROP, ALTON  
1707 BELL ST.  
SANFORD, FL 32771 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 PD  
Name ALTON LATHROP  
Address 1707 BELL ST  
City-State-Zip: SANFORD FL 32771

Title VPD  
Name SMITH, CYNTHIA H  
Address 417 E. 2ND ST.  
City-State-Zip: SANDFORD FL 32772

Title TD  
Name FRYE, EVOLA  
Address 1016 LOCUST AVE  
City-State-Zip: SANFORD FL 32772

Title SD  
Name REFOE, ANNYE L  
Address SEMINOLE COMM. COLLEGE, 100 WELDON BLVD.  
City-State-Zip: SANFORD FL 32773-6199

Title ASD  
Name WRIGHT, DR. STEPHEN C  
Address SEMINOLE COMM. COLLEGE, 100 WELDON BLVD  
City-State-Zip: SANFORD FL 32773-6199

Title PD  
Name LATHROP, ALTON  
Address 1707 BELL STREET  
City-State-Zip: SANFORD FL 32771

*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:** ALTON LATHROP

**PRESIDENT/DIRECTOR**

**04/27/2013**

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

\_\_\_\_\_  
Date