

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006199

FILED
Apr 26, 2015
Secretary of State
CC4770083568

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

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date