

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009534

FILED
Mar 01, 2012
Secretary of State

Entity Name: PORT THEATRE ART AND CULTURE CENTER, INC.

Current Principal Place of Business:

150 CAPTAIN FRED'S PLACE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

150 CAPTAIN FRED'S PLACE
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
116 SAILOR'S COVE DR
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: SHOAF, NATALIE
Address: 502 NAUTILUS DR
City-St-Zip: PORT ST JOE, FL 32457

Title: D
Name: GIBSON, THOMAS S
Address: 116 SAILOR'S COVE
City-St-Zip: PORT ST JOE, FL 32456

Title: D
Name: FEDOTA, LESLIE
Address: 341 BENT TREE RD
City-St-Zip: CAPE SAN BLAS, FL 32456

Title: D
Name: PICKETT, PAULA
Address: 108 SUNSET CIRCLE
City-St-Zip: PORT ST JOE, FL 32456

Title: D
Name: BRYAN, JOANNA
Address: 202 MARINA DRIVE, SUITE 301
City-St-Zip: PORT ST JOE, FL 32456

Title: D
Name: WARRINER, DAVID
Address: 505 MONUMENT AVENUE
City-St-Zip: APALACHICOLA, FL 32320

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: THOMAS S GIBSON

D

03/01/2012

Electronic Signature of Signing Officer or Director

Date