

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709445

Entity Name: MELBOURNE CIVIC THEATRE, INC.**Current Principal Place of Business:**817 EAST STRAWBRIDGE AVE
MELBOURNE, FL 32901**Current Mailing Address:**817 EAST STRAWBRIDGE AVE
MELBOURNE, FL 32901 US**FEI Number:** 59-0703162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIRARD, PEGGY
817 EAST STRAWBRIDGE AVE
MELBOURNE, FL 32901 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:** PEGGY GIRARD

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WOLKING, FRANK
Address	512 LINCOLN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	S
Name	MURDEN, DAWN S
Address	649 ORANGE CT.
City-State-Zip:	ROCKLEDGE FL 32955

Title	MD
Name	GIRARD, PEGGY L
Address	535 FERNWOOD AVE NW
City-State-Zip:	PALM BAY FL 32907

Title	VP
Name	REFFNER, THOMAS
Address	2667 SHELLWOOD DRIVE
City-State-Zip:	MELBOURNE FL 32934

Title	TREASURER
Name	JONES-FRANCEY, DARCIA
Address	P.O. BOX 360843
City-State-Zip:	MELBOURNE FL 32936

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: PEGGY GIRARD**MANAGING DIRECTOR**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date