

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719982

Entity Name: THE BARN THEATRE, INC.**Current Principal Place of Business:**2400 S.E. OCEAN BLVD.
STUART, FL 34996**Current Mailing Address:**P.O. BOX 1894
STUART, FL 34995 US**FEI Number: 23-7425604****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JENNINGS, ROBERT L
306 S.E. DETROIT AVENUE
STUART, FL 34994 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 TREASURER
Name MONTGOMERY, JOHN P.
Address 1092 NETTLES BLVD
City-State-Zip: JENSEN BEACH FL 34957

Title MARKETING VICE PRESIDENT
Name MAZZELLA, CHRIS
Address 4261 SW GLEN ABBY CT
City-State-Zip: PALM CITY FL 34990

Title THEATRICAL VICE PRESIDENT
Name MAZZELLA, JEANETTE
Address 4621 SW GLEN ABBY CT
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name LASTOVICA, ROB
Address 714 SW ANDREW RD
City-State-Zip: PORT ST LUCIE FL 34953

Title SECRETARY
Name WEAVER, KATHLEEN
Address 4537 ARTESA WAY SOUTH
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VOLUNTEER VICE PRESIDENT
Name HARTMAN, TERRI
Address 874 SW LIGHTHOUSE DRIVE
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name GOLDSTEIN, GRETA
Address 7037SE BIRCHWOOD LN
City-State-Zip: STUART FL 34997

Title PRESIDENT
Name BECKSTEAD, FRANCINE
Address 4665 CANDY LANE
City-State-Zip: STUART FL 34997

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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: JOHN P MONTGOMERY**TREASURER****04/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ADMINISTRATIVE VICE-PRESIDENT
Name JENNINGS, ROBERT
Address 306 SE DETROIT AVE
City-State-Zip: STUART FL 39994

Title DIRECTOR
Name MOLINARI, MARCIA
Address 7380 SE FLAMINGO WAY
City-State-Zip: HOBE SOUND FL 33455

Title TECHNICAL DIRECTOR
Name CHILDE, BRYAN
Address 10320 SW WATERWAY LANE
City-State-Zip: PORT ST. LUCIE FL 34987

Title DIRECTOR
Name VETTEL, MARY KAY
Address P.O. BOX 1171
City-State-Zip: PALM CITY FL 34991