

**2018 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            LILLO, FRANK  
Address        P O BOX 8315  
City-State-Zip: PORT ST LUCIE FL 34985

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

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

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            DIRECTOR  
Name            JENNINGS, ROBERT  
Address        306 SE DETROIT AVE  
City-State-Zip: STUART FL 39994

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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:** FRANCINE BECKSTEAD**ADMINISTRATIVE VICE  
PRESIDENT****07/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name PECCI, BRIAN  
Address 2154 SE EAST DUNBROOKE CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR  
Name TOBIN, PATRICIA  
Address 4269 SE ROBERTSON RD  
City-State-Zip: PORT ST LUCIE FL 34997

Title ADMINISTRATIVE V.P.  
Name BECKSTEAD, FRANCINE  
Address 4665 SE CANDY LN  
City-State-Zip: STUART FL 34996