

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744858

Entity Name: FLAGLER PLAYHOUSE, INC**Current Principal Place of Business:**301 E MOODY BLVD
BUNNELL, FL 32110**Current Mailing Address:**301 E MOODY BLVD
BUNNELL, FL 32110**FEI Number:** 59-1883034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, MONICA
4007 CALUSA LANE
ORMOND BEACH, FL 32174 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:** MONICA CLARK

01/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name CLARK, MONICA
Address 4007 CALUSA LANE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name HOWELL, NANCY
Address 139 PUTTER DRIVE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR, VP
Name STUART, VIVIAN
Address 5 KAINITE CT
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name MALECKI, PATTI
Address 113 FORSYTHE LANE
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name CLARK, EVERETT
Address 4007 CALUSA LANE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name THOMPSON, MICHAEL
Address 2 FLOYD CT
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name WILLIAMS, LARRY
Address 43 BELVEDERE LANE
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR, SECRETARY
Name AVERSA, EDWARD
Address 1 SYCAMORE TERRACE
City-State-Zip: PALM COAST FL 32137

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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: VIVIAN M. STUART

VICE PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RIVERA, KELLY
Address 300 SHADY OAKS DR.
 APT 203
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name O'NEIL, MICHELE
Address 29 N RIVERWALK DRIVE
City-State-Zip: PALML COAST FL 32137